

*be a hero. be an organ donor.*

## *mission*

To **Save** and **Heal**  
lives through donation.

## *vision*

All potential donors will  
make *A Pledge for Life*.

## *values*

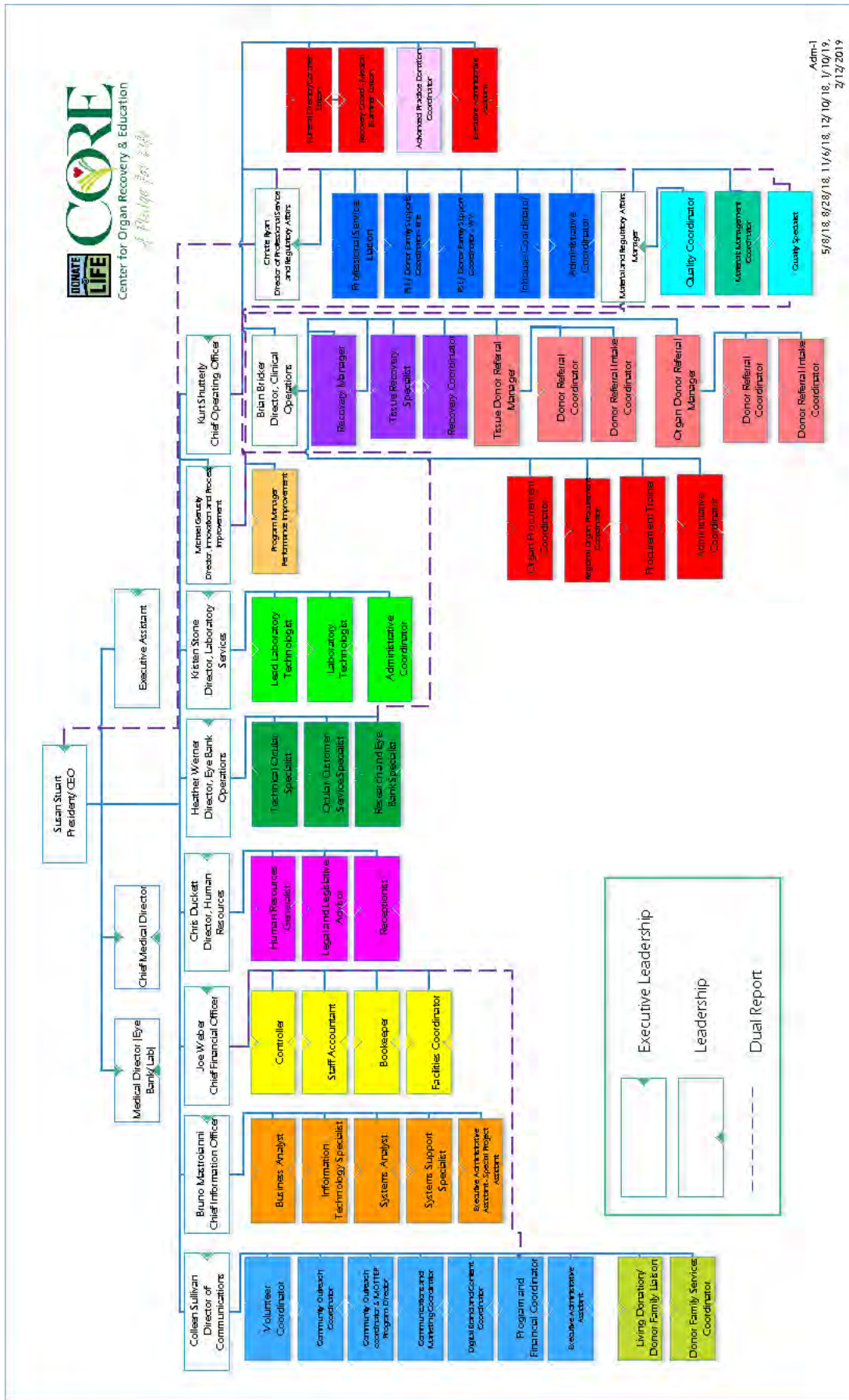
Compassion • Education • Innovation  
Integrity • Life • Quality • Respect  
Responsiveness



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## Glossary of Abbreviations

### A

AAR – After Action Review  
 AATB – American Association of Tissue Banks  
 AB – Advisory Board  
 ACR – Advisory Council Representative  
 ADA – Americans With Disabilities Act  
 ADKAR – Awareness, Desire, Knowledge, Ability, Reinforcement (change management model)  
 AGH – Allegheny General Hospital  
 AIDS – Acquired Immunodeficiency Syndrome  
 AOC – Administrator on Call  
 AOPO – Association of Organ Procurement Organizations  
 AOS – Available on Site  
 AP – Action Plans  
 APDC – Advanced Practice Donation Coordinator  
 ASQ – American Society for Quality

### B

BCP – Business Continuity Plan  
 BOD – Board of Directors  
 BTM – Biomaterial Tracking and Management

### C

C&C – Capacity and Capability  
 CA – California  
 CAMC – Charleston Area Medical Center  
 CAPA – Corrective & Preventive Action Plan  
 Care Conference – A meeting held to determine the root cause of a team member incident that prevented donation or transplant from occurring or had the potential to negatively impact CORE significantly  
 CC – Core Competency  
 CCO – Corporate Compliance Officer  
 CCP – Corporate Compliance Principles  
 CEBT – Certified Eye Bank Specialist  
 CEO – President/Chief Executive Officer  
 CFO – Chief Financial Officer  
 CHOP – Children’s Hospital of Pittsburgh  
 CIO – Chief Information Officer  
 CLIA – Clinical Laboratory Improvement Amendments  
 CMS – Centers for Medicare & Medicaid Services  
 COO – Chief Operating Officer  
 CORE – Center for Organ Recovery & Education  
 CPOC – Community & Professional Outreach Committee  
 CPTC – Certified Procurement Transplant Coordinator  
 CPP – Corporate Compliance Process  
 CTBS – Certified Tissue Bank Specialist

### D

DAG – Donor Advisory Group  
 DCD – Donation After Cardiac Death: “Recovery of organs and or tissues from a donor whose heart has irreversibly stopped beating, previously referred to as non-heart-beating or asystolic donation.”  
 DDR – Donation Death Record  
 Designation/Designated Donors – Individuals who have indicated on a driver’s license or donor card or other legal document that their choice is to be a donor

DL – Driver’s License  
 DLA – Donate Life America  
 DMEK – Descemet’s Membrane Endothelial Keratoplasty  
 DMG – Donor Management Goals  
 DMV – Department of Motor Vehicles  
 DOH – Department of Health  
 Donation – The gifts of organs, tissues and/or corneas for transplant or research  
 DR – Donor Referral Center  
 DRAI – Donor Risk Assessment Interview  
 DRC – Donor Referral Coordinator  
 DSA – Donation Service Area: The geographic area designated by CMS that is served by one OPO, one or more transplant centers, and one or more donor hospitals  
 DSEK – Descemet’s Stripping Endothelial Keratoplasty  
 DTRS – Dedicated Tissue Recovery Suite

### E

EA – Executive Assistant  
 EAP – Employee Assistance Program  
 EBAA – Eye Bank Association of America  
 ECD – Extended Criteria Donor  
 EDMR – Electronic Donor Medical Record  
 ERA – Enterprise Risk Assessment  
 EVLP – Ex Vivo Lung Perfusion

### F

FC – Former Customers  
 FDA – U.S. Food & Drug Administration  
 FOCUS PDSA – Find-Organize-Clarify-Understand-Select Plan-Do-Study-Act  
 FTE – Full Time Equivalent

### G

GAAP – Generally Accepted Accounting Principles

### H

HD – Hospital Development  
 HIV – Human Immunodeficiency Virus  
 HR – Human Resources  
 HRSA - U.S. Health and Human Services Health Resources and Services Administration

### I

ICU – Intensive Care Unit  
 IDIO LIST – Idiosyncrasy List  
 IIAM – International Institute for the Advancement of Medicine  
 IRS – Internal Revenue Service  
 IT – Information Technology

### K

KAPE – Keystone Alliance for Performance Excellence (now “MAAPE”)

### L

LAB – Laboratory  
 LEED – Leadership in Energy and Environmental Design  
 LEITR – Lion Eye Institute for Transplant and Research

LINC – Leadership and Innovation National Collaborative  
(collaborative group of high-performing OPOs)

LLC – Limited Liability Corporation  
LLTN – LifeLogics True North  
LS – Leadership System  
LT – Leadership Team

### M

MAAPE – MidAtlantic Alliance for Performance Excellence  
(formally “KAPE”)  
ME – Medical Center  
Misalignment – Not adhering to policy, procedure or standard practice whether intentional or accidental  
MM – Materials Management  
MPSC – Membership and Professional Standards Committee  
MS – Musculoskeletal  
MTD – Month to Date  
M/V/V or MVV – Mission, Vision and Values

### N

N/A – Not Applicable  
NEO – New Employee Orientation  
NOK – Next of Kin  
NY – New York

### O

OAC – Organ Acquisition Charges  
ODST – Organ Donor Support Team  
OFI – Opportunity for Improvement  
OPC – Organ Procurement Coordinator  
OPO – Organ Procurement Organization  
OPO1 – The only Organ Procurement Organization to win a Baldrige Award  
OPTN – Organ Procurement and Transplant Network  
OR – Operating Room(s)  
OSHA – Occupational Safety & Health Administration  
O/T/E – Organ/Tissue/Eye  
OTPD – Organs Transplanted Per Donor

### P

PA – Pennsylvania  
PAAG – Allegheny General Hospital  
PACH – UPMC Children’s Hospital of Pittsburgh  
PAPH – UPMC Hamot  
PAPT – UPMC Presbyterian Hospital  
PC – Potential Customers  
PDCA – Plan, Do, Check, Act  
PES – Performance Evaluation System  
PEST – Political, Economic, Social, Technology  
PIMS – Pittsburgh Institute of Mortuary Science  
PPE – Personal Protective Equipment  
Process Breakdown – When donation activity did not occur or had the potential to not occur due to hospital personnel or external partner not adhering to designated policies or practices  
PSL – Professional Services Liaison

PTO – Paid Time Off  
PR/PE – Public Relations/Public Education

### Q

QC – Quality Council  
QMS – Quality Management System

### R

RC – Recovery Coordinator  
Recovery – The removal of organs, tissues and/or corneas for transplant  
ROI – Return on Investment  
RFP – Request for Proposal  
RPG – Research Planning Group  
RTI – Regeneration Technologies, Inc. Donor Services (a CORE tissue processor customer)

### S

SCD – Standard Criteria Donor  
SL – Senior Leader(s)  
SMART – Specific, Measurable, Achievable, Relevant, Time Bound  
SP – Strategic Plan  
SPP – Strategic Planning Process  
sq cm – Square Centimeters  
sq – Square  
SQL – Structured Query Language  
SRTR – Scientific Registry of Transplant Recipients  
STDEV – Standard Deviation  
STTOP – Stop for Team Time-out and Pause  
SWOT – Strengths, Weaknesses, Opportunities and Threats Analysis

### T

TOC – Tissue on Call  
TOWS – Threats, Opportunities, Weaknesses, Strengths  
TX – Transplanted

### U

UAGA – Uniform Anatomical Gift Act  
UPMC – University of Pittsburgh Medical Center  
UNOS – United Network for Organ Sharing  
USGBC – U.S. Green Building Council

### V

VA – Veterans Administration Hospital  
V – Values  
PAVA – VA of Pittsburgh Healthcare System  
VPN – Virtual Process Network  
VOC – Voice of the Customer

### W

WOW – WOW Moments Reward and recognition Program  
WV – West Virginia  
WVCA – Charleston Area Medical Center  
WVU – West Virginia University

### Y

YTD – Year to date

### Center for Organ Recovery & Education (CORE)

Cody Barrasse, 22, the son of Michael and Dr. Linda Barrasse, died on April 7, 2013, at UPMC Presbyterian as a result of injuries sustained after being hit by a car.

Remembering the day of the accident, Linda has said that when they arrived in Pittsburgh, it was clear that Cody could not survive his injuries. Soon after receiving that devastating news, they were faced with a choice. Because Cody still had some brain activity, if they removed support at that time, recovery of his heart and lungs would not be possible. But if they waited, it was possible Cody would progress to brain death and all organs could be recovered. Linda recalls wanting someone to have Cody’s loving heart and breathe life through his lungs, so they decided to wait 24 hours. He did progress to brain death and his organs saved the lives of six people:

- A 9-month-old baby received the small segment of his liver
- An Iraqi veteran received the larger segment
- A 9-year-old boy received his beautiful heart
- A 12-year-old boy received his pancreas and kidney
- A middle-aged woman received the other kidney
- And a 64-year-old man from outside Pittsburgh received both lungs

Linda says she will never be fully healed, but she is firm that the transplant experience was respectful and even reverent. “The nurses were magnificent,” she remembered. Within hours, Cody’s friends found their way to Pittsburgh. The nurses made it possible for all 40 friends to say goodbye. The doctors were beyond professional. “A call like that neurosurgical resident had to make was a doctor’s nightmare,” she says. Linda says she can never repay the physicians for their kindness, compassion and professionalism.

They have said that everyone at CORE treated their son with respect and love. She has specifically called out the CORE organ procurement coordinator, Jen, “Her gracefulness and dedication, to not just her profession but to us, simply could not be duplicated. She has a piece of my soul that belongs to no one else. We had all of the support we could have asked for.” To this day, Linda says she is profoundly grateful.

After Cody’s death, Linda wrote letters letting all the recipients know how happy they are that Cody lived on. So far, they have met the man who now breathes with Cody’s lungs. She has received a letter from a grandmother whose granddaughter received the small segment of Cody’s liver. She was 18 months old at the time but turned 6 last October. She received a letter from the woman who received the larger segment of Cody’s liver and also the recipient of one of his kidneys. Linda says her real dream is that someday, she can get all of the living recipients to her home and throw them a big party because she wants them to meet his family and friends. Since Cody’s death, Linda has become an active supporter of organ donation.

### Organizational Profile

The Center for Organ Recovery & Education (CORE) was founded for the purpose of saving and enhancing lives through organ, tissue and cornea transplantation. CORE is one of 58 federally designated not-for-profit organ procurement organizations (OPOs) in the United States. With headquarters in Pittsburgh, PA, CORE serves a Donation Service Area (DSA) assigned by the federal government that serves 150 donor hospitals and approximately 5.5 million people throughout western PA, WV, and Chemung County, NY.

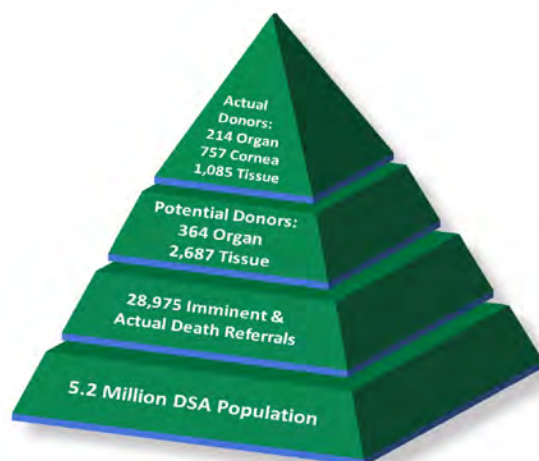
### P1. Organization Description

#### P.1a. Organizational Environment

**P.1a(1) Product Offerings** – CORE’s main service offerings include the procurement of organs, tissues and corneas for transplantation and research in hope of preventing the 21 deaths of those waiting for transplant that occur every day nationally and to enhance the quality of life of tissue/cornea recipients. Execution of the CORE business system (*Fig. 6.1-1*) ensures achievement of the Mission. These services are vital to CORE’s customers: Transplant Centers, Tissue Processors and Corneal Transplant Surgeons. CORE provides a special service to Donor Family customers to offer support during donation and a 13-month bereavement program to support their grief journey.

CORE’s DSA has an estimated population of 5.5 million people (*Fig. P.1-1*). CORE’s Service Realization starts with Education of the Community, Donor Hospitals, Coroners and Medical Examiners for the purpose of maximizing designation and timely referrals (*Fig. 6.1-1*). Due to the complex nature of organ and tissue donation, not all deaths qualify for donation (*Fig. P.1-1*). CORE’s work begins with the evaluation of social and medical history at the time of referral. Upon screening of suitability for donation, Donor Families are approached with the opportunity for donation or to honor the decision of donor designation. During initial approach with the Donor Family, information is provided regarding the donation process, the benefits to others, and how donation can create a legacy for the donor. Evaluation continues to confirm medical suitability.

**Figure P1-1: Organ Donor Pyramid**



After evaluation, 346 potential organ donors and 2,687 potential tissue donors were eligible in 2018. Once authorization is confirmed, CORE recovers organs, tissue and corneas for transplantation or research. CORE becomes stewards of the Donor and Donor Families *Pledge for Life* by coordinating the allocation and disposition of organs, tissue and corneas to Transplant Centers, Tissue Processors and Corneal Surgeons, or Researchers. Throughout the entire process, the donor families’ needs and expectations are paramount. There were a total of 214 organ donors, 1,085 tissue donors and 757 cornea donors in 2018. While all donation is important, organ donation is the key focus area for CORE’s business because of the likelihood of death without organ transplantation.

**P.1a(2) Mission, Vision and Values** – CORE’s purpose is saving and enhancing lives. The tagline, “*A Pledge for Life*,” is an essential component of CORE’s branding; a clear message to CORE’s community and stakeholders that organ donation saves lives. Tissue and corneal donation can dramatically enhance the lives of many people, and often returns them to a full and productive life following serious illness or injury.

CORE’s Vision is that every potential donor will make *A Pledge for Life*. Achievement of this vision begins with maximizing donor designation and commitment from the donor’s family through authorization (Fig. P.1-2) — making *A Pledge for Life* by registering to become a donor for those in need of either life-saving organs or life enhancing tissue and corneas.

**Figure P.1-2: Purpose, Vision, Mission, and Values**

<b>Purpose:</b>	To save and heal lives.
<b>Vision:</b>	All potential donors will make <i>A Pledge for Life</i> .
<b>Mission:</b>	To Save and Heal lives through donation.
<b>Values:</b>	CORE’s mission-driven culture is focused on its eight Values:
<b>Integrity</b>	“I will be honest and fair at all times and treat others fairly.”
<b>Compassion</b>	“When interacting with others, I will be kind and compassionate.”
<b>Quality</b>	“I will seek to improve my performance every day.”
<b>Responsiveness</b>	“I will respond to all requests within the agreed timeline.”
<b>Education</b>	“I will seek opportunities to expand my professional development.”
<b>Innovation</b>	“I will be open to new ideas and support new initiatives.”
<b>Respect</b>	“I will treat and speak to others as I wish to be treated.”
<b>Life</b>	“I will lead a balanced life in order to contribute to the life-saving mission.”

CORE’s Mission is: *To Save and Heal Lives Through Donation*. CORE honors the donor and donor family’s gift (organ, tissue, corneas) through excellence in executing the

donation process (Fig. 6.1-1). CORE’s Core Competencies include 1.) Services in honoring and respecting Donor Families, and 2.) Their fully integrated Organ Procurement Operations.

The eight CORE Values drive decision-making and the key processes (Fig. P.1-2).

**P.1a(3) Workforce Profile** – CORE employs approximately 143 full-time and part-time team members in professional, technical and administrative positions. There are no organized bargaining units. CORE employs two key workforce groups:

1. Clinical (donor referral, eye bank, laboratory, materials management, organ procurement, tissue recovery) and;
2. Non-clinical (community outreach, which includes volunteers, finance, information technology/data, professional services, quality, administrative, and other personnel)

General Education requirements are position specific. For all positions, team members must possess previous relevant training or experience. This often comes in the form of an advanced degree or certification related to the medical field or donation process.

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

<b>Gender</b>	Female 68% Male 32%
<b>Age Groups</b>	20-24 6%, 25-34 46%, 35-49 35%, 50-64 12%, 65+ 1%
<b>Job Description</b>	Clinical 66% Non-Clinical 34%
<b>Tenure at CORE</b>	<5 yrs. 57% 5-10 yrs. 26% 10+ yrs. 17%
<b>Job Role</b>	Senior Leader 8.9%, Managers 4.2%, Front Line Team Members 86.9%
<b>Educational Background</b>	High School 100%, Some College 12%, College Graduate 80%, Post Graduate 8%
<b>Diversity</b>	Caucasian 89%, African American 4.5%, Hispanic 4.2%, Mixed 1.8%

Each group recognizes their contribution to accomplishing CORE’s mission (4.1a1). Each functional area is led by a member of the Leadership Team (LT). Recent changes in regulations and industry standards triggered an assessment of the workforce to determine if additional competencies are required. In the past five years, combined organ, tissue and cornea donations have increased, which has prompted the hiring of more clinical team members such as Recovery Coordinators (RC), Donor Referral Coordinators (DRC), Organ Procurement Coordinators (OPC), and Advanced Practice Donation Coordinators (APDC), as well as creating several new positions, including a Director of Innovation and Process Improvement, Business Analyst, Procurement Trainer, Regulatory Affairs Manager, Legal and Legislative Advisor, Research & Eye Bank Specialist, Digital Brand & Content Coordinator and Volunteer Coordinator (Fig. 7.3-9).

The workforce is diverse in age, gender, culture and experience (Fig. P.1-3). Teams and standing committees are utilized to address issues, solve problems and implement cycles of improvement. These groups are comprised of individuals representing all levels and departments. This diversity enables the organization to consider various ideas, opinions and experiences, and remain agile.

The primary factor that motivates the workforce is the mission. Clear individual connection and contribution to the Purpose, Vision and Mission is cascaded through SP, initiatives, dashboards and individual team member goals. Annual Team Member Engagement survey results consistently receive high scores related to working at a mission-driven organization. (Fig. 7.3-16)

CORE’s special health and safety requirements are segregated into two groups: Non-clinical and clinical, with each having a potential for off-site work (Fig. P.1-4). Promotion of a safe work environment is monitored, reviewed and rewarded for all team members.

CORE utilizes 200+ volunteers at community events to share the message of Organ, Tissue and Cornea Donation and Transplantation. These volunteers share their personal experiences with the public. Volunteers have a connection to the mission — many either as a donor family or a recipient/recipient family.

**Figure P.1-4: Team Member Engagers and Safety Training Requirements**

	# of EE's	Work Location	Training	Key Engagers
Clinical	93	Varies between CORE facility (clinical areas) and off-site (DSA hospitals)	6 Month Position-Specific Orientation / Extensive Clinical Safety Training, Emergency Situation Drills	Competitive salary, Advancement opportunities, Work/life balance, Competitive benefits, Schedule flexibility, Reasonable expectations of my job
Non-Clinical	48	Primarily CORE facility in office environment; some off-site (community travel)	6 Month Position Specific Orientation / Safety Training including Bloodborne Pathogen overviews, Emergency Situation Drills	Competitive salary, Schedule flexibility, Competitive benefits, Work/life balance, Reasonable expectation of my job, Advancement opportunities

**P.1a(4) Assets** – CORE’s office space encompasses 49,000 sq. feet. In 2012, the size doubled with construction of the first silver LEED-certified building in the OPO community.

Driving innovation, CORE opened two on-site Operating Rooms (ORs) to expedite the recovery of organs and tissues. Only seven OPOs have their own OR suites. ORs are equipped with technology and testing devices for optimizing organ and tissue recovery. Monitors and video are utilized for remote learning and medical imaging access from hospitals. Two

small, dedicated ORs are used for processing corneas for transplant and for placing kidneys on Renal Pulsatile Preservation pumps to determine final suitability for transplant.

In order to ensure the highest level of safety to the recipients, CORE houses an Infectious Disease Lab that performs lab assays including anti-body and molecular screening tests for infectious disease markers on donors. CORE was one of the first OPOs to implement molecular testing on donors. Test results are transmitted via instrument interfaces to the Antek “LabDaq” electronic lab information system. LabDaq is interfaced with CORE’s EDMR.

In 2015, CORE became the only OPO to implement a new process for obtaining organ biopsies and scanning results to surgeons, enabling surgeons to improve their assessment of the organ prior to transplantation (V - Innovation/Quality). This enables quick evaluation of potential organs and also provides expedient matches to potential transplant recipients, saving lives of those who may have died while still waiting. Full vertical integration of the key work processes helps drive agility, efficiency and responsiveness (CC).

A Renal Pulsatile Preservation Lab with transportable Organ Recovery System preservation pumps provides the opportunity to measure flow rate and resistance of preservation fluid pumping through kidneys to better determine the likelihood of a successful transplant (V – Innovation/Quality).

The Materials Management (MM) department provides the cleaning and sterilization of all equipment used in recovery procedures. The sterilization includes utilization of a pass-thru Steris steam autoclave, a Sterrad chemical disinfectant unit, and Steris washer/disinfectant.

**Figure P.1-5: Regulatory and Accreditations**

Agency	Compliance Area
<b>Required</b>	
Centers for Medicare and Medicaid Services (CMS)	Organ Procurement, Financial
Clinical Laboratory Improvement Amendments (CLIA)	Laboratory
Eye Bank Association of America (EBAA)	Eye Bank
Food and Drug Administration (FDA)	Tissue, Eye Bank
Internal Revenue Service (IRS)	Financial
Occupational Safety & Health Administration (OSHA)	Team Member Safety
State Health Departments (PA, WV)	Laboratory
United Network for Organ Sharing (UNOS)	Organ Procurement
<b>Voluntary</b>	
American Association of Tissue Banks (ATTB)	Tissue
Association of Organ Procurement Organizations (AOPO)	Organ Procurement

Information Technology (IT) assets make a modern and interactive donation process possible by using Microsoft SharePoint, Q-Pulse Document Control, various communication systems, BTM and EDMR.

From recovery to processing and distribution, equipment specific to needs is utilized. For example, an eye bank refrigerator stores recovered corneal tissue, and a specular microscope and slit lamp allow for the evaluation of the corneal



tissue. The “precutting” of corneas is completed on a microkeratome machine known as the Moria System.

These assets provide the opportunity to honor donors (V - Life) and ensure effective and efficient recovery of organs, tissues and corneas that are safe for transplantation (CC).

**P.1a(5) Regulatory Requirements** – CORE operates in a highly regulated environment and maintains full licensure accreditation (Fig. 1.2-2). Driven by the Values of quality and integrity, internal audits are performed to ensure ongoing regulatory compliance. The key regulatory bodies are listed in Fig. P.1-5.

**P.1b. Organizational Relationships**

**P.1b(1) Organizational Structure** – CORE is led by a President/CEO who reports to the Board of Directors (BOD). The BOD is accountable for the actions of the CEO, who is subsequently responsible for the organization. The BOD sets strategic direction and reviews progress. The BOD oversees organizational performance, selects and evaluates the CEO, publicly promotes organ and tissue donation, reviews and coordinates the activities of the BOD committees, and oversees corporate quality, ethics and compliance activities. An Advisory Board (AB) makes recommendations to the BOD regarding clinical issues, hospital relations, efforts to acquire and preserve organs, helping hospitals establish and implement protocols for making routine inquiries of potential donor families about organ donation, transportation of organs, coordination of activities with transplant hospitals, tissue banks and corneal transplant surgeons, and an annual evaluation of CORE’s effectiveness at acquiring organs. The President/CEO’s direct reports include a Chief Operating Officer (COO), Chief Financial Officer (CFO), Chief Information Officer (CIO), Dir. of Eye Bank Services, Dir. of Innovation and Process Improvement, Dir. of Communications, Dir. of Laboratory Services, Dir. of Human Resources, and Executive Assistant (EA). This collective group, with the addition of two more Directors, is referred to as the Senior Leaders (SL). Five Managers complete the LT. The Organizational Chart in this application represents reporting relationships among the team members.

**Figure P.1-6: Customer and Stakeholders**

Customer Segment	Key Requirements and Expectations	Results References
Donor Families	Emotional support and respect, Display of values, Bereavement care	Fig. 7.2-1,8
Transplant Centers	Maximization of quality organs for transplant and research	Fig. 7.1-9 Fig. 7.1-15 -18
Tissue Processors	Quality of tissue grafts with required documentation, Timeliness, Availability	Fig. 7.1-3 – 4 Fig. 7.2-3, 7
Corneal Transplant Surgeons	Quality of corneas for transplant and research, Availability, Timeliness	Fig. 7.1-5. 34 Fig. 7.2-4
Stakeholder Segment	Key Requirements and Expectations	Figure References
Recipients	Assure complete evaluation and screening of organs and tissues for transplant	Fig. 7.1-21, 25, 26, 27

**P.1b(2) Customers and Stakeholders** – CORE’s key market segments are grouped by product and service: (1) donor families (2) transplant centers (3) tissue processors (4) corneal transplant surgeons. Further segmentation occurs by specific type of products they use. Primary stakeholders are the recipients of organs, tissues and corneas. Customers and stakeholders and their key requirements are detailed in Fig. P.1-6.

**P.1b(3) Suppliers and Partners** – Key suppliers, partners and collaborators are needed to complete the Mission (Fig. P.1-7).

Through donor hospital partners, CORE has implemented innovative approaches such as in-house coordinators, intensivists programs, donor memorial walls, and donor management activities. In addition, research collaboration includes the advancement of therapeutic and treatment options to improve the science of medicine in a full spectrum of diseases and disorders.

**Figure P.1-7: Partners, Suppliers, Collaborators**

Group	Organization	Role in Donation Process
P	LINC	OPOs who share comparative data and best practices
P	Donor Hospitals (149 in DSA); key donor hospitals are: UPMC, Allegheny Health Network, WVUH, CAMC	Provide referrals of potential organ, tissue and cornea donors, and facilities and services to support recovery
C	Coroners and Medical Examiners	Offer CORE referrals and relevant medical information
C	UNOS	Facilitate organ transplantation
C	Funeral Directors	Ensure presentation honors the donor and meets family’s expectations
S	Life Logics and UPMC Health Plan	Provide clinical and laboratory software, instruments, equipment and supplies
S	Skyward Aviation	Provide transport of personnel and organs
<b>Legend:</b> C-Collaborator, P-Partner, S-Supplier		

Ongoing projects/APs with supplier Life Logics enhance EDMR use in the donation process. Relationships with suppliers are defined in contracts, service agreements, and statements of work. These requirements include donation referrals from collaborators and agreements with suppliers, vendors and hospitals. Supply chain requirements such as price, availability, quality and timeliness are directly aligned with the Key Work Processes (Fig. 6.1-1).

**P2. Organizational Situation**

**P.2a. Competitive Environment**

**P.2a(1) Competitive Position** – CORE is a full-service OPO that includes an in-house lab, ORs for recovery, and an eye bank. Only three other OPOs offer these innovative services (CC). Although true competition is not experienced among OPOs due to the federal DSA, hospitals can petition CMS to work with other OPOs or choose other tissue and eye banks. Corneal transplant surgeons select eye banks. Tissue recovery is a competitive market with tissue processors selecting tissue

from the highest quality OPOs. High performance standards to sustain tissue processing partnerships are maintained.

**P.2a(2) Competitiveness Changes** – Key changes that may affect CORE’s competitive situation are:

- Increased expectations from the tissue processors
- Growing co-morbidity of the DSA
- Loss of public trust
- Increase in hospital process breakdowns

These key changes have increased focus on finding innovative solutions to address the changes. The following opportunities for collaboration and innovation were identified during the Strategic Planning Process (SPP):

- New markets & services that honor the donors pledge for life
- Expand tissue & research partners
- Expand data warehousing, mining & automation
- Increase donor designation through technology & legislation
- Increase collaboration with stakeholders
- Increase the number of in-house organ donors

**P.2a(3) Comparative Data** – CORE has access to organ recovery data through multiple sources, including partnering initiatives with other OPOs (LINC) (Fig. P.2-1). LINC is an innovative group of three high performing OPOs who share data and best practices. LINC partner data is considered best in class as both partners are high performing and have won the MBNQA. However, there are limitations on the use of comparative data, i.e., standardized definitions, in some cases, lack of normalized data and timely publication by regulatory agencies. Comparative data for tissue and cornea is more difficult to obtain. Not every OPO offers these services and CORE’s regulatory agencies do not track this data as they do in the OPO industry.

**P.2b. Strategic Context**

Strategic advantages and challenges provide a foundation for decision making related to CORE’s Strategic Plan.

Strategic Advantages:

1. Full-service integrated OPO (Lab, OR, DR)
2. Organ authorization rate
3. Strong partnerships with tissue processors
4. Performance Excellence Baldrige Journey
5. Additional facilities expansion capabilities

Strategic Challenges:

1. Minimal diversity in revenue sources
2. Relationships with coroners
3. Integration of data systems
4. Data analysis/reports
5. Satisfaction of (A & B) hospital physicians below national standards

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

Data source	Use of comparative data
<b>Industry comparative/competitive data sources</b>	
UNOS	Clinical measures
CMS	Clinical measures
LINC	HR, financial, customer and clinical measures
AOPO	Financial and clinical measures
DLA	Designation measures
SRTR	Clinical measures
EBAA	Clinical measures
Tissue Processors	Clinical measures
CAP	Lab quality
<b>Outside industry comparative data sources</b>	
Worker’s Comp Provider	HR measures
State/National Labor Entities	HR measures
Consulting Organizations	HR measures
Board Source	Board governance measures

**P.2c. Performance Improvement System**

The performance improvement system has the Major Steps: 1.) Inception (reactive or proactive), choosing the best 2.) Methods which leads to 3.) Results (Continuous Improvement and/or Innovation) (Fig. P.2-2). The source of inception can occur through: 1.) Ideas from within or leveraging ideas and best practices external to the organization, 2.) Organizational initiatives and department projects/APs that are cascaded through annual SP (Fig. 2.1-1), 3.) Reaction to performance goals established annually and monitored through corporate and department dashboards, 4.) Internal or external audits, 5.) Misalignments (non-conformances) and 6.) VOC. Both proactive and reactive improvements are recorded and managed through CORE’s Corrective and Preventive Action (CAPA) system or through strategic deployment progress reviews (Fig. 2.1-1). The method of investigation, analysis and actions are chosen as appropriate to the problem statement: Plan-Do-Check-Act (PDCA), Standard Project Management, Root Cause Analysis (RCA), Six Sigma or Lean. This leads to better control (reduction in variation) of current processes or necessitates some type of innovative (technology) change.

**Figure P.2-2: Performance Improvement Process**

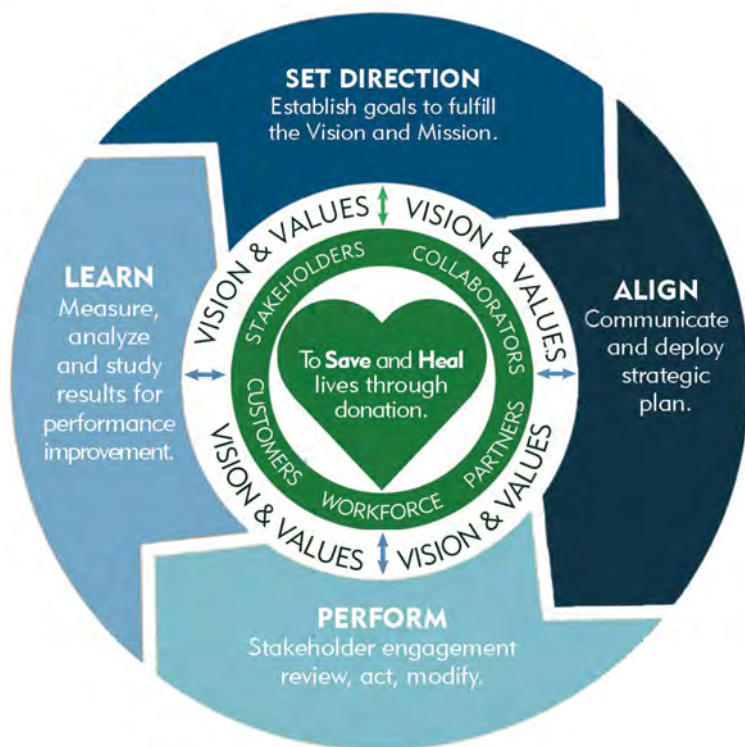


## 1. Leadership

### 1.1 Senior Leadership

#### 1.1a Vision and Values

**1.1a(1) Setting Vision and Values** – CORE’s Purpose, Vision, Mission and Values (*Fig. P.1-2*) are reviewed for applicability as a part of the SPP during the BOD retreat which includes SLs, BOD, AB and guests (*Fig. 2.1-1*). CORE’s MVV are deployed through the Leadership System (LS) (*Fig. 1.1-1*). The LS starts with CORE’s Purpose/Mission surrounded by the Vision, Values, Customers, Partners, Collaborators and Stakeholders. This drives CORE’s major steps: Set Direction, Align, Perform and Learn. The LS as well as MVV is reviewed annually and has undergone multiple cycles of improvement since 2005.



**Figure 1.1-1: CORE Leadership System**

CORE’s Values are behaviors that serve as guiding principles. All team members were involved in the development of the Values and the related behaviors, providing “ownership” of the Values by the workforce (*Fig. P.1-2*).

The MVV are cultural expectations that guide CORE’s workforce in daily operations throughout the employment process, Corporate Dashboard, team member recognition, performance reviews, and by displaying the MVV internally and externally in various locations. Volunteers are trained annually on the MVV. CORE views the implementation of the Values as a keystone to accomplishing the M/V.

In 2013, SLs implemented the External Partner Award program in a cycle of improvement by which team members can recognize key partners who display a commitment to the Values. CORE’s supplier due diligence process evaluates potential vendors to ensure they understand and adhere to the

MVV. As an example, during construction expansion, workers chose to wear “Donate Life” stickers in support of CORE’s MVV.

A variety of mechanisms are used to deploy the M/V/V to all stakeholder groups. M/V/V are clearly displayed on CORE’s website and all media outlets. The logo now includes the Vision tagline “A Pledge for Life.” The MVV is printed on brochures and publications and is shown across various display boards within the facility. Every professional and community education program begins with the MVV.

All Leaders are assessed on their adherence to the values and behaviors annually during the performance review process (*5.2c1*). Leaders must demonstrate professional behavior and adherence to the Values both internally and externally. Recognition of personal actions around the Values reflect a commitment to these Values.

SLs train team members on values during Team Huddle, QC and NEO. SLs also present MVV to customers, partners, suppliers and stakeholders through various communication mechanisms (*Fig. 1-1-2*).

**1.1a(2) Promoting Legal and Ethical Behavior** – A Corporate Compliance Program (CCP *Fig. 1.2-3*), established by SL, is in place to provide team members the opportunity to report any behavior they feel lacks integrity, that is not aligned with the MVV or may violate legal or ethical behavior. The LT promotes an environment by which team members are expected to report any potential deviation of CCP. In 2015, training was created for new team members as a result of MAAPE feedback. Upon hire and annually, team members are required to sign off on a Code of Conduct and Disclosure. A CEO appointed Corporate Compliance Officer (CCO) responds to all complaints and informs the CEO. If there has been a potential violation of CCP, a full investigation and corrective AP will be completed. Corporate Compliance investigative results are communicated quarterly to the BOD.

Demonstration of legal and ethical behavior is also recognized and communicated through WOW moments and Connecting to the Mission segments. In 2018, CORE went to court to defend the rights of the organ donor’s choice. Other examples include leadership choices of pursuing organ donors that result in fewer transplantable organs that other OPO’s would avoid due to impact on CMS requirements and financial implications.

Through a cycle of improvement in 2018, an ethical question was added to monthly rounding providing another method of promoting leaderships commitment to ethical and legal behavior. In an effort to recognize and promote this behavior, in 2019, a segment called “Ethical Moments” was added to Team Huddle to recognize ethical actions by team members.

**1.1b Communication** – SL use a variety of methods to engage and communicate with team members, key partners and customers (Fig. 1.1-2).

**Figure 1.1-2: Senior Leader 1- and 2-Way Communication Methods**

Method	Frequency	Workforce	Key Partners	Key Customers
Morning Huddle	Daily	↔		
Team Huddle	Monthly	↔	↔	
Leadership Meetings	Monthly	←		
Department Meetings	Monthly	↔		
CORE Connection	Monthly	←	←	←
DAG Meetings	Ongoing			↔
Cornea Transplant Surgeon	Monthly			↔
Quality Control	Monthly	←		
Rounding	Monthly	↔		
Transplant Center Meetings	Quarterly		↔	↔
Tissue Processor Meetings	Quarterly			↔
LINC Partner Meetings	Quarterly		↔	
Donor Family Special Place	Annually			↔
Surveys	Annually	↔	↔	↔
Annual Report	Annually	←	←	←
Social Media	Ongoing	↔	↔	↔

Workforce: At the organization level, the first step in the LS (Fig. 1.1-1) is setting direction. Targets and expectations are set for the organization. The methods and APs/projects to fulfill expectations occurs through the “catch-ball” process in SPP (Fig. 2.1-1). Alignment, the second stage of the LS, is achieved and deployed through the X-matrix (Fig. 2.1-2). At the department level, during monthly meetings, SLs ensure knowledge transfer of key decisions, policy changes, any needs for organizational change and updated organizational goals as well as department performance toward customer- and business-focused goals. At the individual level, Monthly rounding and annual engagement surveys present opportunities for one-on-one communication while allowing SL to work with the workforce to evaluate and improve organizational needs and confirm that policies/procedures/processes are supporting the MVV. Following an evaluation of the SPP, SL determined the need to create a process for soliciting questions from team members. In 2018, a Town Hall question box was placed in the Employee Lounge to allow team members to submit questions for the Monthly Team Huddle. Following an evaluation of NEO, new team members meet privately with the CEO to provide suggestions for organizational changes based on the “fresh eyes” look at CORE. The CEO then communicates to the LT the recommended changes, which are then deployed to all team members, if appropriate. SLs are actively engaged in reward and recognition programs (5.2a(3)) that include Shining Stars, team lunches and workforce special events such as picnics, parties and celebrations of goal achievement. Annual merit increases are provided based upon performance ratings as discussed during annual performance reviews. By rating

team members on their adherence to the Values and the accomplishment of the department dashboards, team members are motivated to achieve high performance and to focus on customers and business success.

Key Partners: Hospital Development (HD) Professional Service Liaisons (PSLs) meet with Donor Hospital partners face-to-face on a daily basis ensuring two-way communication. In addition, formal meetings are held between SLs and hospital administrators/staff to discuss hospital performance including monthly activity reports. Policies, procedures and contracts specific to donation are reviewed for currency and applicability. Joint plans for donation awareness campaigns are developed. Communication with CORE’s LINC partners occurs to exchange internal and external challenges, clinical and non-clinical performance data, best practices and strategies. CEOs and COOs from each member meet quarterly to discuss joint strategies in an effort to enhance OPO industry performance and public perception. As an example, in 2018, the LINC executives created 2 committees, Metrics and Knowledge Management, to combine resources to share defined, normalized, comparable data on a monthly basis and develop best practices for Knowledge Management systems.

Key Customers: SLs engages with Donor Families who visit loved ones on-site informally through Donor Family dedicated spaces at CORE’s Headquarters. Formal communication and engagement occur at Special Place ceremonies, held in PA and WV for the families of donors from the previous year. Donor families, transplant center administrators and surgeons, as well as cornea surgeons, are also represented on the BOD and/or AB. Transplant Center engagement occurs at meetings on location at each hospital with SLs. In addition, the AOC process provides key customers with access to leaders as needed during the donation process. Ongoing engagement with tissue processors occurs through Leadership Rounding and conference calls at mutual meetings. The Eye Bank Dir. holds monthly calls with cornea surgeons. Information gathered by SLs through these methods is incorporated into the VOC (Fig. 3.1-1) data used in the SPP.

**1.1c Mission and Organizational Performance**

**1.1c(1) Creating an Environment for Success –**

Achievement of CORE’s mission is supported by the pillars: Sustainability, Customer Satisfaction, Operational Excellence, and Innovation and Process Improvement. These pillars help achieve CORE’s mission and deliver value to the key customers and stakeholders. As a cycle of improvement, Customer was added as a pillar focusing the workforce on the need for customer engagement. Corporate goals are established for success which cascade throughout the organization to department dashboards and individual performance goals (4.1a(1)). SLs create an environment for achieving the Mission and performance excellence through the LS (Fig. 1.1-1). Organizational agility is created through Phase 1 of SPP in setting 3-Year Breakthrough objectives, i.e., “stretch targets,” requiring cross-functional cooperation that are fundamentally transformational in nature and drive the need for innovation and intelligent risk. These objectives consider stakeholder inputs, customer analysis, comparative analysis, industry

analysis, company performance, regulatory changes, political, economic, social, technology/SWOT. Stretch targets encourage innovation and intelligent risk taking through Project Charter proposals during the catch-ball process.

Team members develop their skillsets through sharing/leveraging of best practices externally and internally. Improvement projects are shared during Team Huddle and QC meetings, leveraging opportunities. The CAPA system identifies preventive actions to address extent of cause and condition in Root Cause investigations to prevent recurrence.

SL, the BOD and team members participate in ongoing education, including the team member requirement for external learning and education (5.2c(2)). The CEO participated as a Baldrige Fellow in 2016-2017 to better understand leadership's role in driving performance excellence as well as to learn from previous Baldrige Award recipients.

During the 2013 MAAPE evaluation, the need to formally develop leaders as part of succession planning was identified. A Manager level of leadership was created. Professional coaching was introduced in 2014 as a method for developing Team Members and Leaders. In 2017, the Leadership Succession Plan was improved by requiring members of leadership to complete a Permanent and Temporary Succession Planning worksheet annually. Team member nominees are reviewed with the CEO. Individual development programs toward succession goals are created in Employee Performance Review Planning (5.2c2). In 2018, LT cross-training program was developed to expand leadership competencies (V - Education).

**1.1c(2) Creating a Focus on Action** – Performance goals for each pillar on the Corporate Dashboard are set annually and reviewed monthly at QC and quarterly by the BOD and AB. Areas falling below goal require corrective APs implemented by the assigned SL. SLs balance value for customers and stakeholders by creating annual goals that address customer, stakeholder and financial requirements. SL, Managers and team members meet daily during Morning Huddle to discuss donation activity, customer/stakeholder issues, misalignments, and other staffing issues to create immediate actions for the daily operations. Targets tie into 3/1-Year strategic objectives and supporting strategic projects/APs (4.1a1).

SL create a focus on action through a standardized agenda for all formal meetings, which includes minutes and follow-up action items, each with assigned accountability and defined due dates. Each meeting begins with a review of outstanding action items, which remain until they are completed. Additionally, SL identify OFIs during monthly Rounding.

SL hold team members accountable for department goals by reviewing them monthly at department meetings. SL is held accountable for the Corporate Dashboard during monthly reviews at QC. Transparency to the entire organization is created through accessibility on the SharePoint portal.

A monthly evaluation of Capacity & Capability (C&C) for SOs and performance goals allows for change management plans as needed. Leaders are held personally accountable for

the organization's actions through the annual performance review process, tied to the dashboard and individual goals.

## 1.2 Governance and Societal Responsibilities

### 1.2a Organizational Governance

**1.2a(1) Governance System** – The BOD delegates authority to review, develop and recommend policies and procedures to four BOD committees: the Governance Committee, the Finance/Audit Committee, the Community and Professional Outreach Committee (CPOC) and the Nominating Committee. The entire BOD reviews committee activities and recommendations, and votes on statutory or regulatory business. In 2017, following an evaluation of the BOD, the Governance Committee determined that a Nominating Committee should be created.

The BOD is accountable for the actions of the CEO who is subsequently responsible for the entire organization. The BOD sets strategic direction during the annual board retreat and then reviews the progress quarterly thereafter. The BOD oversees organizational performance, selects and evaluates the CEO, publicly promotes organ and tissue donation, reviews and coordinates the activities of the BOD committees, and oversees corporate quality and compliance activities. Annually, the BOD and committee members complete and sign a Conflict of Interest Disclosure Statement and review the CCP.

The Governance Committee's responsibilities include: orientation and education programs for the BOD and committee members; reviewing bylaws, policies, governance structure and attendance; succession planning for the CEO; evaluating the CEO's performance and recommending executive compensation to the BOD; actions and decisions relative to the CCP; and approval of the Quality Plan.

The Finance/Audit Committee provides fiduciary/fiscal accountability by reviewing financial statements, the portfolio, and 401(k) Plan quarterly, oversight of financial and capital strategies and planning, review of the annual budget, annual independent audit, annual 990, and investment policy. The BOD reviews the annual 401(k) and Medicare audits.

The CEO reviews financial statements and budget variances monthly with the CFO. The CEO and CFO review the financial position of the organization weekly. Payroll is reviewed and approved by the CEO.

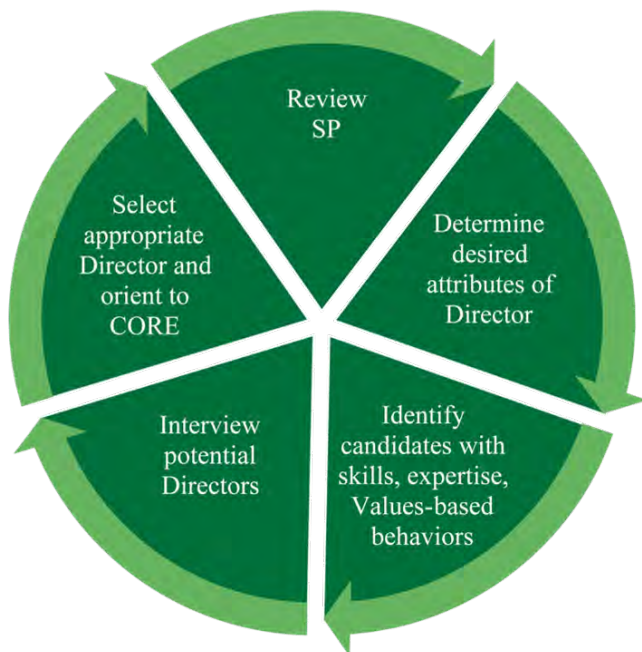
Regulatory compliance is maintained through independent audits including regulatory and voluntary accreditations listed in *Fig. P.1-5*. The BOD reviews the results of all audits and inspections and the resolution of issues.

The Nominating Committee identifies, recruits and recommends potential board and committee members (*Fig. 1.2-1*). To ensure representation of CORE's DSA, at least 20% of voting directors must be residents of WV, and at least one director must be from a donor family. Directors must satisfy specific prerequisites to serve, which are outlined in the BOD recruitment process and based on the SP (AOS). The Nominating committee also monitors BOD and Officer terms, monitors the make-up of BOD members, and identifies a slate for BOD and Committee candidates. BOD officers determined a need to improve the BOD succession planning. As a result, in

2018, the Past Chair will serve a two-year term as the Chair of the Nominating Committee.

The Board Chair and CEO are responsible for creating a succession plan for the CEO. The plan identifies a short-term plan in the event the CEO becomes incapacitated in any way and is unable to discharge her duties. A long-term succession plan identifies potential candidates that will transition into the role of the CEO under mentoring and guidance of the BOD and CEO.

**Figure 1.2-1: BOD Recruitment Process**



The CPOC and AB protect stakeholder interests and focus on community outreach activities. The CPOC recommends community education and outreach programs, and provides support for public and governmental advocacy efforts. An annual evaluation of the results and outcomes of community programs is conducted by the CPOC. Composition of the AB is determined by CMS Conditions of Participation (AOS).

The AB makes recommendations to the BOD regarding clinical issues, hospital relations, efforts to acquire and preserve organs, helping hospitals establish and implement protocols for making routine inquiries of potential donor families about organ donation, a system for allocating organs among transplant patients, transportation of organs, coordination of activities with transplant hospitals, tissue banks and corneal transplant surgeons, and an annual evaluation of CORE’s effectiveness at acquiring organs.

**1.2a(2) Performance Evaluation** – The Board Chair prepares the CEO’s performance review on an annual basis and presents to the Governance Committee and the full Board. The CEO’s review is driven by the outcomes of the Corporate Dashboard and individual performance. SLs are accountable to, and reviewed by, the CEO, who submits a written summary to the BOD as requested. LT performance reviews are based on the Corporate Dashboard, Leadership Scorecard, department Dashboards and individual performance measures. All leaders’

performance reviews include actions for professional growth and improvement.

The CEO determines the LT overall compensation based on industry benchmarks and AOPO survey results. The CEO evaluates LT members using an objective scoring system to determine which AP objectives have been achieved. The BOD establishes CEO compensation based on industry standards.

The BOD conducts formal self-evaluations. The results are used to identify strengths and OFIs. In 2015, following MAAPE feedback, the BOD recognized the need to become more systematic in conducting BOD assessments. In 2016, the Board conducted a self-assessment using Board Source. Results of the assessment are reviewed by the Governance Committee and recommendations for improvement are reported to the full Board. As a result of Board evaluation, the committee structure is under review and CORE anticipates additional committees once the review is completed. In addition, the BOD review led to enhanced ethics training for BOD members as well as more frequent access to dashboards.

At the time of re-nomination, the Governance Committee reviews each BOD member’s performance and engagement. The Board Chair makes individual calls to the Board members soliciting educational needs of the BOD members. Ongoing education for BOD members is provided through orientation, presentations at quarterly BOD meetings, AOPO meetings and off-site BOD retreats. The BOD also has an active role in the Quality Policy & Plan, Dashboards and SP. Annually, the CEO and BOD Chair create a calendar of topics for board review.

**1.2b Legal and Ethical Behavior**

**1.2b(1) Legal and Regulatory Compliance** – Every day, the workforce is bridging the gap between life and death, which requires robust processes to address the potential adverse impacts of services and operations on society. Any negative outcome in the donation process could result in the death of a transplant recipient or loss of the public’s trust. CORE’s systems and processes are designed to support and comply with federal and state legal and regulatory codes as well as voluntary accreditation standards (*Fig. P.1-5*). Regulatory agencies and accreditors periodically audit CORE’s systems. In addition, CORE’s quality systems require internal auditing to ensure compliance on a daily basis. Any deviations from compliance are internally reported into the CAPA system where they are investigated, analyzed and corrected. Corrective actions are also assessed for effectiveness once implemented. Data is trended for common systemic issues which may be addressed through larger improvement projects/APs. Key compliance, processes, measures, and goals for meeting and surpassing regulatory and legal requirements are listed in *Fig. 1.2-2*.

**Figure 1.2-2: CORE Regulatory and Compliance Measures**

Organization	Measure	Goal	Frequency	Trending Frequency	Trigger for Analysis/Action	
CMS AOPO OPTN	Organs transplanted per donor; SCD, ECD, Research	Achieve CMS outcome measures	Monthly	Monthly	Not meeting measure	
	Donor management goals	Achieve CMS outcome measures	Monthly	Quarterly	Not meeting UNOS expected vs. observed yield	
	Authorization rate	<1 STDEV below national mean	Monthly	Quarterly	Less than 1.5 STDEV	
		75% for 18 consecutive months			Below national means for 3 consecutive months	
	Death record review	OPO notified within 1 hour of meeting clinical triggers	Monthly	Quarterly	3 consecutive months with negative trend	
	Timely referral				Missed opportunity for donation	
CMS AOPO AATB EBAA	CLIA IRS OSHA FDA	Compliance	Compliance with regulatory and/or accreditation standards	As needed	Monthly	Non-compliance with regulations or voluntary accreditation standards

CORE’s Community Outreach Department maintains a close watch on public perception through various media. Dashboards are set up to capture all mentions of “organ donation” and “CORE,” both regionally and nationally, as well as all mentions of all 58 OPOs, Donate Life state teams, all of CORE’s transplant centers, and 28 of the top national transplant centers. Mentions are categorized by both sentiment and influencer rank. Reactive measures are taken by assessing sentiment and influencer rank of the mention. If it is determined that this mention is likely to have a large reach, SL is alerted, and a plan is developed. If influencer rank shows a low likelihood of significant reach, the mention is discussed with the Dir. of Communications, who determines the appropriate action. Proactive measures are taken through monitoring and trending national or regional news to evaluate any potential future negative press. If action is needed, CORE’s LT develops an AP and/or works with partners to develop talking points. Email alerts are also set up so that trending stories are brought to CORE’s attention before they reach the DSA. During Morning Huddle, specific cases that CORE feels may elicit an online reaction are brought to the attention of the Digital Brand & Content Coordinator, who then tracks information about the case in order to respond as soon as possible and diffuse any potential concerns. In addition, a PR firm is available 24/7 to handle any potential media crisis that would negatively impact donation and transplantation. CORE is a member of three national associations who provide monitoring of potential adverse impacts and will prepare talking points for their members.

CORE’s Quality Management System (QMS) procedures ensure that the organization exceed federal codes and accreditation standards as well as legal requirements. Both internal and external process audit results are tracked, reviewed and analyzed and presented at QC. CORE’s goals are always zero findings by external inspectors and auditors. Any audit findings are addressed through the CAPA system. In addition, suggestions and opportunities are also addressed and assigned owners and due dates so that CORE may exceed these requirements; they are also reviewed, analyzed and presented at QC.

**1.2b(2) Ethical Behavior** – Key indicators of ethical behavior begin at the BOD level. A majority of the voting members must be independent. In addition, the BOD Chair reviews BOD members Conflicts of Interest annually.

Code of Conduct and Values-based behaviors guide how each team member is expected to carry out the Mission. The LT addresses issues that are not aligned to the Code of Conduct and discusses and corrects performance that occurs among the team members who report to them. The employee evaluation assesses the extent to which each team member follows the Code of Conduct and Values. In a 2016 improvement, a question was added to the team member engagement survey regarding LT behavior.

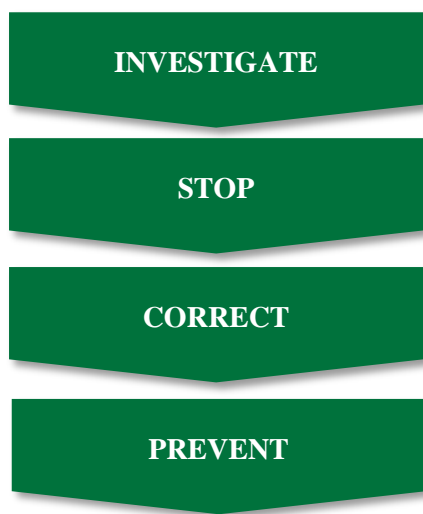
If required, clinical ethical concerns can be addressed immediately through Stop Team for Time Out and Pause (STTOP) process calls between the AOC and any team member. The team member presents the risk to the donor family, donor or organization. The team members and AOC discuss any breaches or potential breaches in ethical behavior and AOC recommends actions to be taken.

The CCP focuses on six principles (Fig. 7.4 -9):

1. Legal and regulatory that addresses tax fraud, lobbying or political activity, discrimination, harassment, and compliance with regulatory bodies
2. Business ethics that focus on honest communication and the misappropriation of proprietary information
3. Confidentiality that dictates acceptable standards of behavior related to donor and recipient information, proprietary information, and personnel actions and decisions
4. Conflicts of interest to focus on outside financial interests and BOD, team member, and agent loyalty and actions consistent with their fiduciary status
5. Business relationships that require business transactions with vendors, contractors, and other third parties be free from offers, solicitations, monetary gain, or gifts that may influence or assist with a transaction
6. Protection of assets that outlines the ways in which assets will be protected

An evaluation of the CCP and summary report is on the Annual BOD Calendar. Ethical breaches can be reported to the CCO or CEO who evaluates the issue and initiates an investigation. In the event of a legal or ethical breach, a complete investigation is conducted by the CCO and reviewed with the CEO and appropriate action(s) taken (Fig. 1.2-3). A confidential reporting box is available for team members to report concerns anonymously and is monitored routinely by the CCO.

**Figure 1.2-3 Corporate Compliance Process**



**1.2c Societal Contributions**

**1.2c(1) Societal Well-Being** – CORE’s mission includes education on the donation process to the Community, Donor Hospitals, Coroners and MEs. CORE works with PA and WV state legislatures to better serve society and enhance donation. CORE’s workforce collaborates with external organizations such as the Liver Foundation, the National Kidney Foundation, transplant centers, Family House and the military to support their Missions that align closely with CORE’s. Strong physical presence in the DSA is an expectation of SL to support the community and leverage MVV.

CORE’s SP identifies projects/APs to not only increase donation and the delivery of organs, tissue and corneas for transplant but more cost-effective methods of procurement and delivery to lead to lower healthcare costs. During the 2018 BOD SP retreat, an opportunity was identified to seek out opportunities to collaborate with local businesses to develop an adjacent property that was purchased in 2016.

Due to the nature of CORE’s services, there are little to no impacts on the environment. However, CORE makes every effort to be responsible with their footprint in the community. The Brian A. Broznick Research and Surgical Center, built in 2012, is Silver LEED-certified, demonstrating energy and environmental leadership. (V - Innovation)

**1.2c(2) Community Support** – The key community is the DSA as defined by CMS. The Partnership Strategies Committee, comprised of 8 team members representing leadership and front-line staff, meets monthly to discuss community needs/opportunities. External requests for financial

support are reviewed for Mission impact. The CC is leveraged by connecting with organizations aligned to the Mission, allowing CORE to impact, inspire and engage those in the DSA.

The Employee Life Committee is responsible for identifying community support activities within the DSA. In 2017, following an evaluation of the Committee’s work, they reorganized and identified three main areas of focus: CORE Events, Philanthropy, and Health and Wellness. The purpose is to promote team member engagement, social impact, community service, healthy lifestyles and teamwork. In a 2018 cycle of improvement, CORE surveyed the workforce to determine areas of interest for volunteering in the community. Results showed that team members desired to work with Allegheny Mountain Rescue Group and Mountaineer Area Rescue Group. These volunteer groups work with search and rescue dogs in an effort to save lives, aligning with CORE’s purpose and values.

Community Outreach, which includes CORE’s volunteers, and Professional Services departments support the Mission and the community by increasing education about donation, supporting donor families, promoting awareness about organ donor designation on driver’s licenses, and monitoring relevant legislation. SL are active on multiple non-profit and other boards that align with the Mission, including those that allow them to share the life-saving story of donation.

The BOD and CPOC recommend community education and outreach programs that are conducted by team members and provides support for public and governmental advocacy efforts.

**2. Strategy**

**2.1 Strategy Development**

**2.1a Strategy Development Process**

**2.1a(1) Strategic Planning Process** – The Strategic Plan (SP) is developed to ensure continued focus on the Vision and Mission. Key participants include LT and BOD. The BOD is actively involved in the SPP through an annual retreat and quarterly reviews. The planning horizon is 3-year, long-term breakthrough objectives and 1-year, short-term objectives, with monthly and quarterly progress reviews (Fig. 2.1-1). As a 2018 cycle of improvement, CORE adopted the 7-step Hoshin Kanri planning and deployment process to ensure focus on the “vital few” areas ensuring that leadership is evident at all levels, team members are involved in setting targets and objectives, resources are aligned, and clear accountabilities and “line-of-sight” are achieved (V – Innovation).

The 7-step Hoshin Kanri process has two phases: Phase 1 — Strategic Planning (Establishing the Vision, Developing 3-Year Breakthrough Objectives, Developing Annual Objectives) and Phase 2 — Policy Deployment (deploy to departments to develop plans including targets and resources, implementation, monthly process reviews and annual review).

1. Establishing the Vision: CORE revisits the Vision annually as well as the Mission to ensure suitability to the current and future climate. This occurs at an annual off-site retreat with the BOD, AB and Senior leadership team.



Figure 2.1-1: Strategic Planning Process



OIs are evaluated and result in either continuous improvement or the need for innovation to improve process capability.

An example of leveraging an industry best practice was the decision to move donors to CORE’s on-site ORs in 2014. This innovative initiative has reduced costs and increased key (Fig. 7.5-18) stakeholder satisfaction.

Strategic opportunities are identified during PEST and SWOT analysis and are refined during TOWS analysis during Quarter 1 of the SPP (Fig. 2.1-1).

Evaluation of risk is performed at the project/AP proposal level during charter review in Quarter 3 of the strategic planning cycle as a part of the “catch-ball process” (Fig. 2.1-3). Each proposed project/AP charter has strategic risks identified for the likelihood of that risk happening, its impact on the organization, and how the risk

2. Developing 3-Year Breakthrough Objectives: 3-Year Breakthrough Objectives cascade to drive 1-year objectives. When cascaded, it defines what every team member does to support the strategy (V - Responsiveness). These breakthrough objectives are “stretch targets” requiring cross-functional cooperation that are fundamentally transformational in nature. These objectives must be SMART. This is how CORE builds organizational agility and capability by turning the vision into reality. Competing ideas are reviewed, analyzed and selected during a 4-stage process 2.1a(3).

3. Developing Annual Objectives: Objectives are developed and cascaded by using an X-Matrix (Fig. 2.1-2) and include measurements and leaders.

**2.1a(2) Innovation** – The SPP creates a need for innovation by setting breakthrough objectives (V – Innovation). The LT creates a culture of innovation that is defined by CORE’s values. Innovation is promoted through various means including:

- Partnering with researchers on new initiatives
- Participate in local and national associations, LINC, and collaboration with hospitals and transplant centers, to identify best practices
- Attending external events and reporting best practices and lessons learned to the LT
- Encouraging team members to submit “Great Ideas”
- Ongoing education from experts in the field

Innovation is also an integral part of CORE’s performance improvement process (Fig. P.2-2).

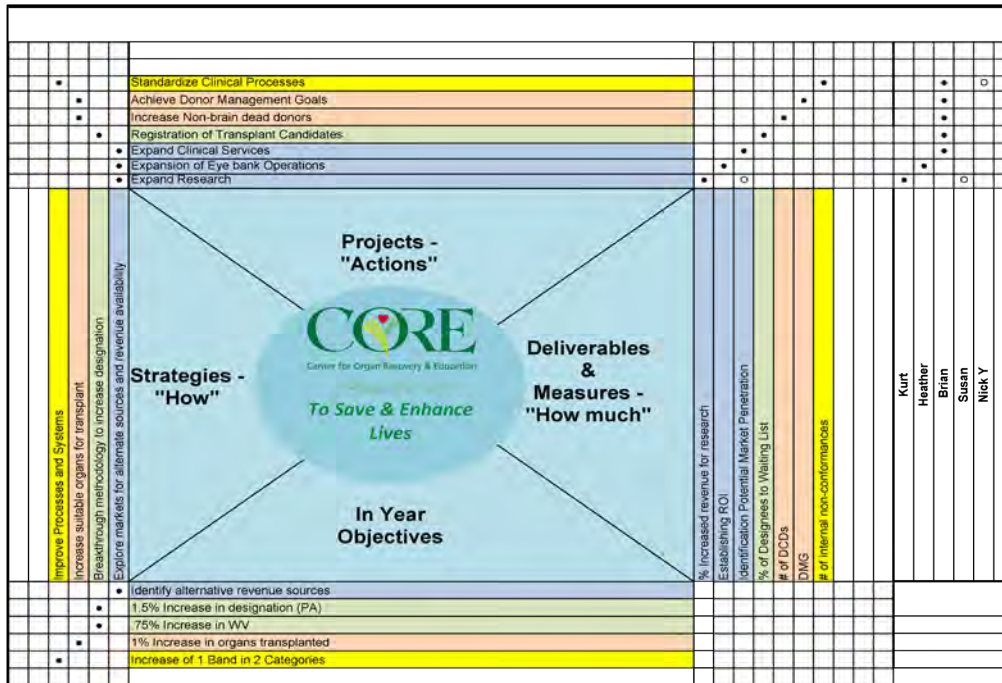
would be mitigated. Any emerging risks are also identified and monitored closely at the project/AP level during monthly and quarterly reviews. Mitigation plans are identified and executed as necessary. Considerations include workforce, finance, capital, equipment, new markets, customer and technology. CORE’s key strategic opportunities for 2019 are:

1. New markets & services that honor donors’ pledge for life
2. Expand tissue & research partners
3. Expand data warehousing, mining & automation
4. Increase donor designation through technology
5. Increase collaboration with stakeholders
6. Increase the number of in-house organ donors

**2.1a(3) Strategy Considerations** – The LT and BOD ensure the effective use of relevant data during the SPP. Breakthrough objectives are developed annually through:

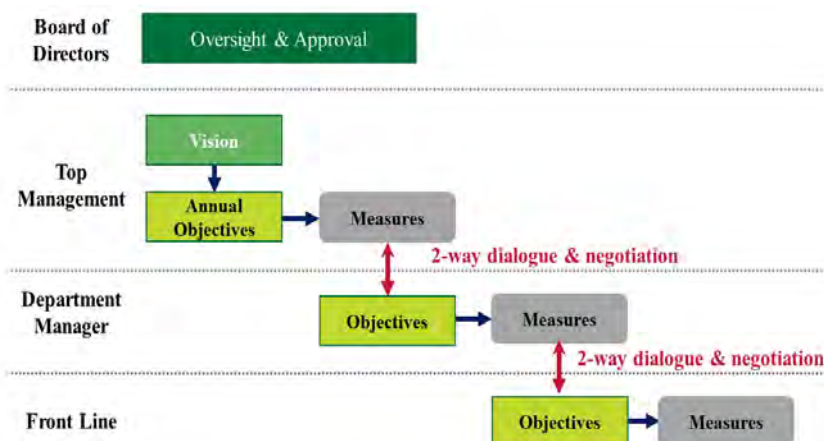
- Gathering inputs: Stakeholder inputs, customer analysis (VOC), comparative analysis, industry analysis, company performance, regulatory changes
- PEST/SWOT analysis: Political, economic, social, technology/strengths (SAs), weakness (SCs), opportunities, threats (CCs)
- TOWS analysis: Address SWOT combinations, maximize and minimize
- Defining 3-Year breakthrough objectives: 3 to 5 Breakthrough Objectives and SMART Goals

Figure 2.1-2: Level O X-Matrix



The analysis and proposed breakthrough objectives are reviewed and approved by the BOD in Quarter 2 of the SPP. The diversity of the BOD ensures that the SPP identifies and addresses blind spots and is inclusive in meeting the needs of the community at large (1.2a(1)). BOD members are recruited and selected based on the strategic direction (Fig. 1.2-1). Following MAAPE Feedback, SL identified an improvement opportunity to uncover blind spots during the SPP. In 2016, donor families and leaders from national associations were invited to attend the annual BOD retreat to provide input and future forecasts for their respective areas. Each year when planning the retreat, a determination is made by the BOD Chair and CEO regarding additional stakeholder attendees. As an additional cycle of improvement, CORE leveraged the CAPA process to identify additional blind spots through trending activities.

Figure 2.1-3: Catch Ball Process



C&C review is an integral part of projects/APs that are chartered during the “catch-ball process” (Fig. 2.1-3). Team members are identified based upon perspective and expertise along with time requirements for the project. SL analyze current roles and the ability to assume additional responsibilities to execute each project/AP (5.1a(1)), and CORE’s ability to execute the SP in total.

**2.1a(4) Work Systems and Core Competencies**

Decisions concerning internal vs. external execution of key processes are based upon review of the CC, technical capabilities and expertise, workforce capacity, assets, financial availability and risk, value added and enhancement

towards execution of the mission. CORE generally maintains execution of key processes internally, specifically the CC of services for donor families and procurement operations. However, due to the nature of organ, tissue and cornea procurement, some of those activities such as recovery may be performed by hospital partners. For example, organ recovery can occur at donor hospital partners by surgeons employed by transplant hospitals. The opportunity for hiring a full-time abdominal surgeon was proposed during SPP but due to customer concerns it was postponed for reconsideration at a future date. Emerging opportunities to bring external processes internally are considered and proposed at monthly leadership meetings via project/AP Charters (2.2b).

When choosing to execute externally, due diligence is completed prior to entering a new relationship or using a new supplier. The purpose of the due diligence policy is to ensure that all suppliers meet regulatory, financial and quality standards in order to maintain high performance. Additionally, supplier culture must align with the Values.

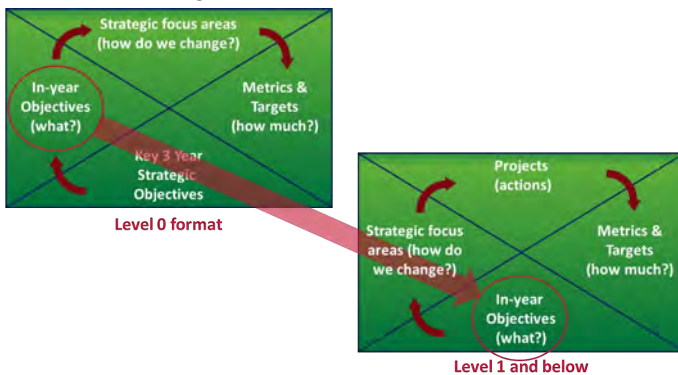
CORE has identified one key work system, The Donation Process, and two key support work systems, Management and Quality Systems (Fig. 6.1-1). These systems are reviewed for current workforce, assets, technical capabilities and capacity during SP ensuring accomplishment of CORE’s objectives. They are also reviewed for future needs preparing and enabling longer term goals. For example, in 2016, the adjacent property to CORE Broznick Pavilion was purchased in anticipation of growth and expansion of

CORE’s Donation Process work system. It also serves as an opportunity to support the 3-year objective of 0.5% increase in revenue from alternate revenue sources supporting the Management Systems. Long term strategic opportunities identified during SWOT and TOWS analysis help us define the need for expanding, shifting or contracting CORE’s core competencies.

**2.1b Strategic Objectives**

**2.1b(1) Key Strategic Objectives** – 3-Year Breakthrough Objectives, 2019 Objectives, 2019 Initiatives, projects/APs and Measurements are listed in Fig. 2.2-1 (Full list AOS).

*Figure 2.1-4 X-Matrix Cascade*



**2.1b(2) Strategic Objective Consideration** – The 3-Year Breakthrough Objectives, 2019 Objectives and 2019 Initiatives along with measurements and Initiative Owners are identified on the Level 0 X-Matrix (Fig. 2.1-2). Initiatives are then cascaded through Level 1 and Level 2 X-Matrices as projects/APs with project leaders and measurable goals. The Level 0 X-Matrix is the top “strategic” level at which the direction is set by the Leadership Team. Below this level, the starting point is no longer 3-year plan but is in-year objectives as the focus moves from “What do we need to do to deliver the 3-year plan?” to “What do we need to do at our level to deliver the coming year’s plan?” (Fig. 2.1-4). Each department then creates projects/APs, measurements, goals and project/AP leaders to support cascaded initiatives. Each Corporate Initiative Owner ensures that the project/AP goals and timelines will enable fulfillment of the 2019 Objective. TOWS analysis examined CORE’s external opportunities and threats, and compares them to the strengths and weaknesses enabling the formulation of the breakthrough objectives.

**2.2 Strategy Implementation**

**2.2a Action Plan Development and Deployment**

**2.2a(1) Action Plans** – APs are developed during Phase 2 of Hoshin Kanri and deployed through the catch-ball process. Like a ball, a challenge/objective is thrown to appropriate departments within the organization to develop ideas for projects/APs that include resources, timelines, capital and budgetary needs, as appropriate. The ball is then tossed back to leadership in forms of project/AP charter proposals where elements are negotiated, approved or denied. Level 1 and Level 2 X-Matrices are then populated to show the relationship with line-of-sight back to the breakthrough objectives. CORE has

identified eight Level 1 X-Matrices (Operations, Innovation and PI, HD, Community Outreach, IT, HR, Regulatory, Legal) and four Level 2 X-Matrices (Organ, Tissue, Cornea, Lab) (AOS). Department Level 1 or 2 X-Matrices support 2019 initiatives, as appropriate, and may not support all four initiatives. For example, the IT Level 1 X-Matrix does not include any projects/APs to support “Identify Alternate Revenue Sources” but has four projects/APs to support the other three initiatives.

**2.2a(2) Action Plan Implementation** – Once the projects/APs and charters are approved, project leaders proceed with project plans and provide status updates to supervisors (champions) and initiative owners. Any late milestones, project/AP barriers, and risks are discussed at monthly Leadership meetings. The status updates include actual vs. milestone achievement, accomplishments, top issues or barriers, APs to address, top risks and mitigation plans, scope creep, financials and resources. The SP, X-Matrices, charters, supporting analysis and documentation and project/AP status updates are documented and posted on the Strategic Planning SharePoint site by project/AP leaders for all team members to access. Initiative owners review and classify each current project/AP as “Green-On track” or “Red-Late/Behind” which is then documented on the Corporate Dashboard (Fig 4.1-3).

Projects/APs may involve customers, suppliers, collaborators and partners as identified in the charter. Often, members from these groups are invited as team members on projects/APs and are listed as resources on charters. As an example, the project/AP “Improve Referral Management” included three representatives from “partner” A-level hospitals. Another project/AP “Design & Implement Supplier Performance Monitoring System” is a cycle of improvement that will affect how CORE rates, classifies and sustains relationships with suppliers and will have a direct effect on CORE’s requirements for supplier response and interaction.

Actions identified during or as a result of projects/APs are institutionalized. Since measurements/metrics aligned with performance goals are identified for each project/AP, CORE can continue to monitor the effect of the AP and ensure they are sustained.

**2.2a(3) Resource Allocation** – All proposed projects/APs have resource and financial requirements in the charter. In Quarter 3 of the annual strategic planning cycle, Leadership reviews current capacity and budget and approves/denies requests. Project/AP scope, budget and resource requests may be adjusted and revised during the catch-ball process.

Operating and capital budgets are reviewed monthly by the CFO and CEO to ensure continuous availability of financial resources for projects/APs.

**2.2a(4) Workforce Plans** – The 2019 Strategic Workforce Plan includes a cycle of improvement for improving line-of-sight cascade of strategic goals for all team members. The APs include SMART goals for employee performance reviews to

Figure 2.2.1: X Matrix in table format Objectives, Initiatives, Actions & Measurements

3 Year Breakthrough Goal	2019 Goal	Initiative	AP/Project Title	Measurement	Baseline/ Comparative	Projections/Targets			
National Baldrige Award Recipient Before 2021 SA = 1,3,4 SC = 3,4 O = 1 T = 1	Increase 1 Band Level for 2 Categories from 2018 Score	Improve Processes and Systems	End to End Case Management for organs	Donation process cycle time	11.4 Hrs	10.25 Hrs			
			End to End Case Management for Tissue	# of tissue donors	1085 (Fig 7.1-3)	1096			
			Supplier Performance Monitoring System	Supplier Metrics and ratings	N/A	System in Place			
			Model Eye bank workflow opportunities MTA	Business proposal w/MTA	N/A	Proposal Sent			
			Transition Lab to electronic records	# of records transitioned	N/A	Lab docs in Q-Pulse			
			Establish & Integrate Hoshin Planning	Exceeding Dashboard Metrics	50% (Fig 7.1-33)	60%			
			Implement Organizational Learning Process	# of internal non-conformances	93	84			
			Create and Implement Change Control Process	# of Non-conformances	N/A	Process Created			
			Track & manage public image	ID public image measurement	N/A	Measurement Created			
			Software Needs Assessment Tool	Develop Assessment Tool	N/A	Creation of Tool			
Data Governance	Data Governance Structure	N/A	System in Place						
Employee Performance Review System	Employee engagement survey	74 (Fig 7.3-16)	80						
Capacity & Capability Model	# of completed projects	75% (Fig 4.1-3)	90%						
Institute Systemic Process Audit Program	# of Reg Audit Findings	0.2 (Fig 7.4-6)	0.1						
Improve Quality Document System & Hierarchy	# of Internal Non-conformances	93	84						
Vendor/Supplier Classification System & Database	# of current vendors status	N/A	System in Place						
Standardization of General CORE Forms	# of standardized policies	0	12 Pamphlets using sid						
5% Increase in Revenue from Alternate Sources SA = 5; SC = 1 O = 2,3 ; T = 2	Identify Alternate Revenue Sources	Explore markets for alternate sources and revenue availability	Expand research opportunities for organs	Research Volume	170	187			
			Expand research opportunities for Tissue	Research Volume	1094	1203			
			Volunteer-driven fundraising	Donation \$	\$54k (Fig 7.5-10)	Plan for +\$200k event			
			Understand market for HI-A testing	Volume of testing interest	N/A	Decision to implement			
			Partner with Transplant Centers & Clinics	Deployment in Transplant Centers	Deployed in 1 TC	All 6 TCs			
			Refining Methods for Targeting & Positioning	# of PA/WV designations	2044398	ID best target market			
			Improve Brand through Social Media Data	Social reputation score	70.07 11th (AOS)	Top 5 for all OPO's			
			Kiosks for Donation Designation	# designated via kiosk	0	5 Kiosks Opened			
			Legislation for Hunting & Fishing Lic. Designation	Completion of proposal	N/A	Legislation Approved			
			Increase visualization to referrals	# of organs transplanted	604	610			
6% Increase in Organs Transplanted (From 2018 Final) SA = 1,2; SC = 2,5 O = 5; T = 4	1% Increase in Organs Transplanted	Increase suitable organs for transplant	Evaluation of Automated donor testing	# of opportunities for auto tests	N/A	Complete of evaluation			
			Develop system to interface/compare data	# of metrics comparisons	17	35			
			Performance via Multi-Level Dashboards	# of dashboards implemented	2	11			
			Improve Referral Management	# of process breakdowns	1560 (Fig 7.1-11)	1482			
			Increase Non-Designated Authorization Rate	% Non-designated Authorizations	29%	40%			
			Strategic Adv. (SA); 1. Full-service Integrated OPO (Lab, OR, DRC); 2. Organ authorization rate; 3. Strong partnership with tissue processors; 4. Performance Excellence Baldrige Journey; 5. Additional Facilities Expansion Capabilities; 6. Services for Donor Families Strategic Challenges (SC); 1. Minimal Diversity in revenue sources; 2. Relationships with coroners; 3. Integration of Data Systems; 4. Data analysis/Reports; 5. Satisfaction of (A & B) hospital physicians below national standards; 6. Below national standards for designation Opportunities (O); 1. Expand data warehousing, mining & automation; 2. New Markets & Services that Honor Donors Pledge for Life; 3. Expand tissue & research partners; 4. Increase donor designation through technology & legislation; 5. Increase the number of in-house organ donors; 6. Increase collaboration with stakeholders Threats/Competitive Changes (T); 1. Increased expectations from the tissue processors; 2. Growing co-morbidity of the DSA; 3. Loss of public trust; 4. Increase in Hospital Process Breakdowns			End to End Case Management for organs	Donation process cycle time	11.4 Hrs	10.25 Hrs
						End to End Case Management for Tissue	# of tissue donors	1085 (Fig 7.1-3)	1096
						Supplier Performance Monitoring System	Supplier Metrics and ratings	N/A	System in Place
						Model Eye bank workflow opportunities MTA	Business proposal w/MTA	N/A	Proposal Sent
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Establish & Integrate Hoshin Planning	Exceeding Dashboard Metrics	50% (Fig 7.1-33)				60%			
Implement Organizational Learning Process	# of internal non-conformances	93				84			
Create and Implement Change Control Process	# of Non-conformances	N/A				Process Created			
Track & manage public image	ID public image measurement	N/A				Measurement Created			
Software Needs Assessment Tool	Develop Assessment Tool	N/A				Creation of Tool			
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Partner with Transplant Centers & Clinics	Deployment in Transplant Centers	Deployed in 1 TC	All 6 TCs						
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Legislation for Hunting & Fishing Lic. Designation	Completion of proposal	N/A	Legislation Approved						
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Evaluation of Automated donor testing	# of opportunities for auto tests	N/A	Complete of evaluation						
Develop system to interface/compare data	# of metrics comparisons	17	35						
Performance via Multi-Level Dashboards	# of dashboards implemented	2	11						
Improve Referral Management	# of process breakdowns	1560 (Fig 7.1-11)	1482						
Increase Non-Designated Authorization Rate	% Non-designated Authorizations	29%	40%						

further develop each team members' capabilities and creates focus on corporate initiatives for the entire workforce. Other workforce plans have identified opportunities for cycles of improvement to better understand true capacity needs for each department, providing predictive analytics that have direct impact on cycle times for execution of clinical key processes. Demand for organs far exceeds supply and deaths in the DSA are unpredictable (*Fig. P.1-1*). A capacity model can provide maximum efficiency and true modeling for future needs due to volume increases or decreases, creating an agile workforce.

Based on an opportunity for improvement in MAAPE feedback reports, a quarterly C&C Review was added to the SPP and C&C discussions at monthly executive meetings. This has been further refined to ensure C&C are included in each project/AP charter. These needs require agreement and approval by the resource manager. Each project/AP is then monitored for resource exceptions risks with corrective action or mitigation (*Fig. 5.1-1*).

**2.2a(5) Performance Measures** – Performance to the plan is reviewed monthly and quarterly by initiative owners and reviewed at LT Meetings (*Fig. 2.1-1*). Key performance measures are listed in (*Fig. 2.2-1*). Percentage of Projects On-Time is a Corporate Dashboard metric. Leadership is also responsible for monitoring of their departments projects/APs as identified in the Level 1 or Level 2 X-Matrix on department dashboards. Measurements/metrics are also identified with each project/AP. These measurements are displayed on Level 1 and Level 2 X-Matrices and are tracked either at the corporate level dashboard or department level dashboards. Strategic APs are cascaded to the Corporate and Department Dashboards. Monthly and quarterly reviews of these Dashboards track AP and the accomplishment of the SP.

**2.2a(6) Performance Projections** – Performance targets for measurements as identified (*Fig. 2.1-2 & 2.2-1*) in the appropriate X-Matrix are tracked on either corporate or department dashboards (4.1a(1)). Performance projections using historical data and predictive analytics serve as a baseline. Targets are then chosen using the baseline, industry comparable data and the desired impact of strategic projects/APs. For example, the 3-year objective for 5% increase in designation is based upon the national average for designation which is currently 57% (*Fig. 7.1-26*).

CORE uses predictive analytics to model designation increase on the current path which is approximately a 0.5% annual increase. Five strategic projects/APs were chosen for 2019 to close the gap and increase the rate of increase in designations.

**2.2b Action Plan Modification** – Issues or opportunities may emerge throughout the year that require modifications to current SP. These issues and opportunities are reviewed and

proposed at monthly leadership meetings if they meet two of the three following criteria:

- The total cost of the project/AP (capital and/or operating) exceeds \$50,000.
- The project/AP will last three months or more before becoming operational.
- The project/AP implementation involves two or more departments.

Charters are initiated and proposed with workforce, finances, capital, equipment, market, customer and technology needs. In 2018 as a cycle of improvement, the scope document was consolidated with the project/AP charters that are proposed during SPP so emergent opportunities receive the same due diligence as the charters proposed during SPP. Leadership reviews the impact the proposals will have on the current plan and projects/APs in terms of capacity, capability and risk. Projects/APs may be added, modified or replaced with projects/APs addressing the emergent issue or opportunity.

Performance to plan with milestone targets for each strategic project/AP is monitored on a monthly and quarterly basis at multiple levels. Published project/AP updates include Top Issues and Barriers and associated action plans as well as Top Risks and mitigation plans.

### 3. Customer Focus

#### 3.1 Voice of the Customer

##### 3.1a Customer Listening

**3.1a(1) Current Customers** – The Values-driven culture, (*V - Respect and Responsiveness*) compels CORE to listen to the voice of its customers using multiple processes throughout the three stages of the customer life cycle: beginning, relationship building, and sustaining relationship (*Fig. 3.1-1*). Throughout all stages of the lifecycle, CORE team members listen to, interact with, and observe current customers, primarily through direct interaction.

**Donor Families:** The mission drives decision making. Team members ask themselves, “What is the right decision for the donor family?” The key communication method for current donor families is the direct interaction with trained clinical staff. CORE’s staff understands the stages of grief and customize information to meet the needs of the donor family (*CC*).

After the donor recovery, the Donor Family Services department contacts family members to obtain actionable feedback regarding the donation process. As a cycle of learning, two full-time positions were added to the Donor Family Services department following evaluation of the services offered.

**Transplant Centers:** The key communication method with transplant centers is through input on the AB and quarterly meetings with CORE SLs. All key transplant center leaders have 24/7 access to the CEO and COO. In addition, CORE’s clinical staffs are responsive to customer needs during cases. An AOC is available 24/7 to respond to transplant center needs and concerns (*CC*). AAR’s are conducted after organ donor

**Figure 3.1-1: Voice of the Customer**

Listening, Interaction & Observation Methods

	Survey	Donation Process	Focus Groups	CAPA/Complaints	Face-to-Face	Surgeon Preferences	Adverse Reactions	Media Monitoring	Media Interaction	Volunteer Program	Industry Conferences & Publications	Services for Donor Families	Customer Site Meetings & Trainings	CORE Site Meeting and Training	Advisory & Governance Board	Joint Performance Review	Quality & Compliance Audits	Contracts
<b>Donor Families</b>																		
Potential			✓	✓	✓			✓	✓	✓								
Current																		
Beginning		✓		✓	✓			✓	✓			✓						
Relationship Building		✓		✓	✓			✓	✓			✓						
Sustaining	✓	✓		✓	✓			✓	✓			✓						
Former	✓			✓	✓			✓	✓	✓		✓			✓			
<b>Transplant Centers</b>																		
Potential					✓	✓		✓	✓		✓		✓	✓				
Current																		
Beginning		✓		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Relationship Building		✓		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Sustaining	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Former	✓			✓														
<b>Tissue Processors</b>																		
Potential				✓				✓	✓		✓							
Current																		
Beginning	✓	✓		✓	✓		✓	✓	✓		✓		✓	✓	✓	✓	✓	✓
Relationship Building	✓	✓		✓	✓		✓	✓	✓		✓		✓	✓	✓	✓	✓	✓
Sustaining	✓	✓		✓	✓		✓	✓	✓		✓		✓	✓	✓	✓	✓	✓
Former	✓																	
<b>Corneal Transplant Surgeons</b>																		
Potential					✓						✓		✓	✓				
Current	✓	✓		✓	✓	✓	✓		✓		✓		✓	✓	✓			✓
Beginning	✓	✓		✓	✓	✓	✓				✓		✓	✓	✓			✓
Relationship Building	✓			✓	✓						✓							
Sustaining	✓	✓		✓	✓	✓					✓		✓	✓	✓			✓
Former											✓							

cases to review best practices and OFIs. In a cycle of improvement in 2018, post organ transplant surveys are sent to transplant surgeons.

**Tissue Processors:** Communication with tissue processors occurs monthly, through feedback reports provided by processors. SLs conduct follow-up phone calls to address these reports. The CEO or designee attends an annual meeting with the tissue processors as well as quarterly conference calls to ensure effective two-way communication.

**Corneal Transplant Surgeons:** The key communication method with corneal transplant surgeons or their teams is direct daily interaction with Eye Bank Technicians. In a 2017 cycle of improvement, the Dir. of the Eye Bank began holding monthly conference calls with the Eye Bank Medical Dir. and Co-Medical Dir. to provide updates regarding operations, including relationship issues with surgeons.

CORE operates 24/7 and an AOC is available at all times. This enables customers to provide immediate and actionable

feedback. At the time of donation, all donor families receive information on how to contact CORE for information. After the donation process, donor families receive a letter about the outcome and then, six weeks post-donation, receive a personal phone call to assess their needs and solicit feedback (CC). Transplant centers are in constant communication with the CORE clinical team during cases to ensure that CORE is aware of their specific needs and concerns. Issues are addressed immediately to facilitate transplants. A form is provided to corneal transplant surgeons regarding the cornea provided, which gives them an opportunity to provide comments and suggestions. Tissue processors provide a feedback report on the quality of the tissue provided. In addition, a Tissue On-Call (TOC) is available 24/7 to respond to immediate questions and concerns.

**3.1a(2) Potential Customers** – Multiple mechanisms are used to listen to potential and former customers throughout the customer life cycle (Fig. 3.1-1). Surveys, Advisory Group

meetings and social media provide information about former and potential customers. This information is used in the SPP.

Under federal guidelines, OPOs are not permitted to seek additional transplant center customers. CORE listens to potential new tissue processors through conferences, trade journals and discussion with other OPOs. In a cycle of improvement, CORE hosts annual training for corneal transplant surgeons in residence.

Members of Professional Services and Community Outreach Departments are in hospitals and communities educating people and listening to all customer groups. Actual case outcomes are reviewed at the daily Morning Huddle, which includes providing feedback to team members and identifying OFIs.

Focus groups of designated donors and non-designated donors are conducted to obtain actionable information that aids in the SPP and media campaigns.

Although OPOs are not in competition, CORE does obtain actionable feedback on other OPO customers through the review of common surveys, attendance at industry conferences, and analysis of industry databases and sharing of customer-specific comparable data, e.g., customer complaints, through CORE’s LINC partners (V - Education). Tissue processors share data on the quality and performance (Fig. 7.1-40). CORE conducts a survey with one other OPO eye bank.

Any type of separation from customers are reviewed by LT to identify any lessons learned or assess any potential risk with other customers.

### 3.1b Customer Segmentation and Product Offerings

**3.1b(1) Customer Segmentation** – Customer groups and market segments are based upon the type of product and service that CORE provides. Donor family data is segmented by donation type, i.e., organs, tissue or corneas. Transplant center data is segmented by transplant center, organ type and volume of transplants. Tissue processor data is segmented by processor, tissue type and number of grafts recovered. Corneal transplant surgeon data is segmented by number of corneas received. (All segmented customer data is AOS.)

Data collected from customer segmentation is reviewed during SPP to identify initiatives to sustain and grow business opportunities (2.1a(3)). During Phase I of SPP, current and future customer and stakeholder groups and market segments are identified, and actions are created for advancing and growing segments. In 2018, through the SPP, expanding traditional and non-traditional research opportunities for both organ and tissue projects/APs were chartered to support Exploring Markets for the Alternative Sources and Revenue Availability Initiative.

In 2016, CORE contracted Campos Research Strategy to conduct market research on the DSA and the targeting of potential designees. The findings segmented the market into categories of “highly likely” to register, “willing to consider” and “highly unlikely.” Utilizing the findings, CORE targeted the “willing to consider” segmentations with the 2017 media plan and grassroots efforts (Fig. 7.1-27 – 31).

**3.1b(2) Product Offerings** – CORE’s primary service offerings are procurement of organs, tissue and corneas for transplantation, and service to Donor Family customers during donation and to support their grief journey (CC V- compassion) (P.1a(1)). Methods for determining customer and market needs vary by customer segment.

CORE is in contact with Donor Families throughout the entire donation process (Fig. 6.1-1). CORE receives feedback from families through open communication as well as formal surveys. As a cycle of improvement in 2013, all donor families receive a personal call following the donation process. The calls are made by Donor Family Services Coordinators to offer services and elicit feedback based on a standardized list of questions. The responses are tracked and trended and reported quarterly at the QC meeting (Fig 7.2-1). Review of industry best practices identifies additional services to offer donor families. In a 2017 cycle of improvement, Donor Family Services began providing real-time support for donor families during cases, as needed (CC V-Compassion).

The highly regulated industry provides specific requirements for organ, tissue and cornea recovery. Customer and market service requirements are determined through Phase I of SPP and satisfaction and engagement methods.

**Figure 3.1-2: Product Offerings**

Product	Customer
<b>Organ</b>	
Heart	PAPT, PAAG, PACH
Lung	PAPT, PACH
Liver	PAPT, PAAG, PACH, PAVA
Pancreas	PAPT, PACH, PAAG
Kidney	PAPT, PAAG, PACH, PAVA, WVCA, PAPH
Intestine	PAPT, PACH
<b>Tissue</b>	
Skin	LifeNet, Lifecell
HV	LifeNet, Cryolife
Pericardium	LifeNet, RTI
SV	LifeNet, Cryolife, LeMaitre
MS	LifeNet, RTI, Pinnacle
Whole Knee	LifeNet
FOA	LifeNet
Vivigen	LifeNet
Costal Cartilage	LifeNet, Pinnacle
Bone Marrow	Pinnacle
AI	Cryolife, LeMaitre
<b>Eye</b>	
Full Thickness Cornea	Cornea Surgeons (23)
DSEK	Cornea Surgeons (21)
DMEK	Cornea Surgeons (7)
Patch Graft	Cornea Surgeons (2)
<b>Research</b>	
Research Lungs	PAPT
Research Livers	PAPT, LifeNet
Research Hearts	PAPT
Research Aortas	PAPT, LifeNet
Research Kidneys	PAPT
Research Bone Marrow	PAPT, Pinnacle, RTI
Research Pancreas	PAAG
Research Ocular	PAAG
Research Whole Eye	PAPT
Research Skin	Lifecell

Open communication with customers is key to understanding their strategic objectives and future plans. PSLs interface with donor and transplant hospitals and dynamically update SWOT analysis jointly. In addition, customers are represented on CORE's AB providing insight into current and future industry needs. National conferences and associations ensure CORE team members and SLs understand industry direction and trends.

CORE works directly with customers to understand their organization and how they can work with their customers to further their goals and meet customers' needs. Examples of CORE's product offerings to customers are listed in *Fig. 3.1-2*.

Tissue processors choose CORE due to the large volume of high-quality tissue available in CORE's DSA and fully integrated Organ Procurement Operations: Donor Management Resources & Facility, On-site Operating Suites, Intensive Care Unit and Donor Testing Laboratory (CC).

Through VOC (*Fig. 3.1-1*) methods with cornea surgeons, CORE identified an additional product offering requiring a new method for processing corneas. CORE began offering Descemet's Membrane Endothelial Keratoplasty (DMEK) to meet customer needs.

Active involvement in research projects has led to the development of new partnerships, which align with mission attainment. For example, partnering with Lung Bioengineering provides the new product of perfused lungs to transplant centers (V - Innovation).

## 3.2 Customer Engagement

### 3.2a Customer Relationship and Support

**3.2a(1) Relationship Management** – Team members engage in ongoing communication with key customers and build strong relationships through meetings, scheduled teleconferences, phone calls, emails and face-to-face interactions (*Fig. 3.1-1*).

Customer support and information resources (*P.1a(3)*) are used to increase donor designations on drivers' licenses.

CORE contracts a marketing group to ensure that the CORE "brand" is built to reflect the Values and ensure media messages are consistent. Focus groups that include customers are used to assess messaging and determine direction for media campaigns.

Market share is also built through media campaigns, branding, ongoing education, volunteer opportunities, and partnerships with national resources. The CPOC is comprised of community leaders who provide input regarding annual goals aligned with the SP. The CPOC reviews and recommends marketing and education efforts. BOD input into the SPP includes CPOC recommendations.

Customers are retained by analyzing and acting upon VOC data (*Fig. 3.1-1*). Through the VOC, along with social media, CORE receives reviews on how they have exceeded customer expectations.

Engagement is increased through relationship building activities such as A Special Place, educational seminars and special recognition awards. Each year, A Special Place ceremony is held in PA and WV for the families of donors. It is

a time to remember the legacy of donors and celebrate the value of transplantation (CC).

Customers are engaged through social media by managing a Facebook page, Twitter, Instagram and website. Events, personal stories and activities are featured on these outlets. Posts about donation and donation-related events are made, and followers are encouraged to share CORE news and information with their friends.

**3.2a(2) Customer Access and Support** – VOC mechanisms are used to enable customers and stakeholders to seek information and support (*Fig. 3.1-1*). Key support requirements are also gathered during each phase of customer lifecycle management.

Every potential donor (*Fig. P.1-1*) is given information about the donation process and access to CORE's website (CC). The Donor Referral Center, available 24/7, is a call center providing information and communication with current and potential customers. If the Donor Referral Coordinator cannot provide real-time information or solutions, the customer is directed to the appropriate resource for follow-up (CC).

Departments are designated for each key customer group and these departments, Leaders and other team members build relationships to ensure that customer expectations are met. Requirements and processes involved in customer support are deployed to all team members through department meetings, Joint Session, Team Huddle, CORE policies and SharePoint. Feedback on services is provided in several ways, including:

- Donor family surveys
- Transplant outcomes
- Tissue processor monthly reports
- Cornea transplant outcomes

Beginning with NEO and continuing through the six-month orientation process, team members are educated and trained on responding to customer needs (V - Education, Compassion, Responsiveness). An AOC is available 24/7 to address customer needs.

**3.2a(3) Complaint Management** – The Complaint Management Process is a multi-disciplinary approach focused on researching the complaint, resolving the identified problem, and preventing it from recurring. As a cycle of improvement, an electronic complaint and feedback system was created in Q-Pulse in 2013. The process uses data and other resources to analyze and act upon complaints.

A team member who receives a complaint captures relevant information concerning the complaint and notifies their supervisor, AOC or LT. The complaint is discussed at Morning Huddle and a plan of disposition is determined. Once dispositioned, the complaint is entered into the CAPA system and the CAPA administrator will confirm and assign the complaint. All complaints are investigated and require appropriate corrective actions and verification. All complaints are reported quarterly at the QC meetings to determine trends and ensure resolution. 24/7 AOC and CEO access is available



to respond to concerned customers, as needed (V - Responsiveness).

CORE ensures suitable response to complaints by assigning an owner to manage complaints. For example, the Donor Family Services Coordinator provides follow-up to donor families; the Dir. of Clinical Operations responds to procurement complaints; the Coroner/Funeral Dir. Liaison is responsible for funeral director concerns; and the COO personally contacts all physicians who have complaints while the CEO addresses high-level Transplant Administrator complaints. Assigning complaints to the most knowledgeable team member allows for timely response and resolution.

Through analysis of complaints, the LT chose a new air charter vendor. This was a significant change; however, the needs of the customers, their safety and the safety of CORE team members took precedence over the previous relationship with the vendor (V - Quality).

### **3.2b Determination of Customer Satisfaction and Engagement**

**3.2b(1) Satisfaction, Dissatisfaction and Engagement** – Quantitative and qualitative surveys and benchmarking are the primary methods for determining customer satisfaction and engagement (Fig. 3.1-1). Surveys measure satisfaction and the perception of the services received, how likely individuals are to recommend CORE's services, how likely a donor family is to donate in the event of a future donor case, and how their experience compared to what they perceive as ideal.

An evaluation of the 2013 donor family survey identified the need to improve communication with donor families during the donation process. New avenues were developed to improve the delivery of information about the donation process. Follow-up surveys revealed improvements in donor family communication (CC, V- Quality, Responsiveness).

Engagement of organ, tissue and cornea customers is determined using multiple measures, including the acceptance of products and the longevity of the relationship. Tissue processors and corneal transplant surgeons choose to use CORE's product and continue to use CORE as a supplier due to meeting expectations of high-quality tissue for transplant.

Interaction is maintained with customers prior to, during and after the donation process, which helps gauge satisfaction in real time through verbal, one-on-one communication (Fig. 3-1-1).

The clinical team assess donor family satisfaction and engagement during all stages of the customer life cycle. The process begins in the hospital or by phone with a sensitive entrance into a family's grieving space during the worst time of their lives. Assessing their stage of grief, then listening to their concerns and questions and providing donation information is the first step in the process. Often, when expectations are exceeded, donor families choose to develop life-long relationships with OPCs and/or become volunteers (CC, V-compassion). This is later followed by reporting the outcome of the donation to the donor family six weeks, four months and one year after the donation. Six weeks after donation, a personal

phone call is placed to survey the level of satisfaction with the donation process, utilizing a 10-point scale, and to determine any needs that the family may have (Fig. 7.2-1).

CORE determines engagement of the tissue processors through monthly collaborative meetings to review key metrics with the processor. Processors have the opportunity to participate in a satisfaction survey conducted every year. A common area of dissatisfaction among family members is the lack of communication from tissue recipients. Since 2015, CORE has worked on a large-scale project with one of their processors to collect and distribute "thank you" letters from recipients. Through the program, CORE received special recognition from LifeNet Health in 2017 for connecting donor families and tissue recipients (CC).

To ensure a strong relationship with the local corneal transplant surgeons, CORE gathers direct feedback and utilizes VOC methods (Fig. 3.1-1). Corneal transplant surgeons are surveyed every three years, with comparative data available from one other OPO.

Transplant centers demonstrate engagement through participation at quarterly meetings, as well as having representation on the AB. Feedback is solicited during quarterly meetings and APs are created to address concerns. Satisfaction is determined by a survey conducted every three years. All transplant centers in CORE's DSA participate in the Hospital Challenge and Donate Life Month activities which demonstrate their engagement with CORE's mission (Fig. 7.4-10 & 11).

Quantitative and qualitative data is captured to determine areas of customer dissatisfaction. Dissatisfaction is defined as a response below the established benchmark. Survey responses that result in dissatisfied scores are aggregated and monitored at QC meetings. Customer satisfaction results are a standard quarterly agenda item at QC meetings.

Qualitative data, such as comments from donor family surveys and other listening methods, are analyzed. Negative postings on social media are also viewed as dissatisfaction and are logged as complaints in the CAPA system. Customer complaints are reviewed daily at Morning Huddle and are assigned to a team member to investigate and resolve any issues.

Based on its systematic review of qualitative data, survey questions are evaluated and modified to ensure that information is captured that is most important to customers. Additionally, data is then integrated into Phase I of the SPP (Fig. 2.1-1).

**3.2b(2) Satisfaction Relative to Other Organizations** – As CORE has a federally designated DSA, there is not direct competition for organs (primary focus area). CORE conducts surveys for transplant centers and tissue processors with other OPOs. Based on evaluation of the survey process and MAAPE feedback reports, CORE has engaged the RPG to conduct 3-year surveys. Very few Eye Banks conduct satisfaction surveys, CORE shares survey results with one other OPO that also has an eye bank. Satisfaction information relative to other OPOs is also informally obtained through participation in national industry listserv discussions, regional meetings, collaborative

conferences, and by contacting peers, team members and physicians who work with other OPOs (V - Education).

**3.2b(3) Use of Voice of the Customer and Market Data** – Data is selected based upon measures of performance of the Key Requirements and expectations of CORE’s key customers (Fig. P.1-6). This data is collected through various means listed in Fig. 3.1-1.

Feedback from surveys and customer complaints are analyzed and trended monthly at QC and monitored for performance on the dashboard. Additionally, data is then integrated into Phase I of the SPP (Fig. 2.1-1).

Through cycles of improvement in 2018, CORE installed “Synthesio” software to track and monitor social media daily. Dashboards are set up to capture all “mentions” by both sentiment and influencer rank. Reactive measures are taken by assessing sentiment and influencer rank of the mention. If it is determined that this mention is likely to have a large reach, Leadership is alerted and a plan is developed. If an influencer rank shows a low likelihood of significant reach, the mention is discussed with the Dir. of Communications, who determines the appropriate action. This information is also gathered as inputs in annual SPP.

Various methods are used to share information with the workforce to build a more responsive customer-focused culture. For example, segments on the Team Huddle agenda are dedicated to sharing “WOW” moments and hearing from special stakeholder guests. “WOW” moments give team members the opportunity to share positive or inspirational experiences. Special guests may include donor families, recipients, surgeons and other members of the community touched by donation.

**4. Measurement, Analysis and Improvement of Organizational Performance**

**4.1 Measurement, Analysis and Improvement**

**4.1a Performance Measurement**

**4.1a(1) Performance Measures** – CORE’s Mission drives the selection of the organizational performance measures. CORE selects measures that monitor the execution of the Mission through “Pillars” or a framework used to set organizational goals. SL review and revise as necessary on an annual basis as part of the annual SPP (Fig. 2.1-1). For 2019, customer was added as a pillar, therefore the current pillars are:

- Sustainability
- Customer Satisfaction
- Operational Excellence
- Innovation & Process Improvement

Measures and goals are defined for each pillar (Fig. 4.1-3) that align with strategic goals and projects/APs as identified on the 2019 X-Matrix (Fig. 2.1-2). Internal data is available “real-time” via reports and dashboards. This information is used as indicators of performance and is reviewed throughout daily operations to drive decisions and corrective action. This drives investigation and analysis to determine sources of variation, special or common cause, or natural variation in the process (V - Quality). External data is collected through regulatory agencies, accreditors, partners and customers, and is available on a monthly, quarterly or annual basis. In cases with lagging indicators, CORE uses internal measurements in the interim. Data sources are listed in Fig. 4.1-2.

**Figure 4.1-1: Eye Bank Dashboard**

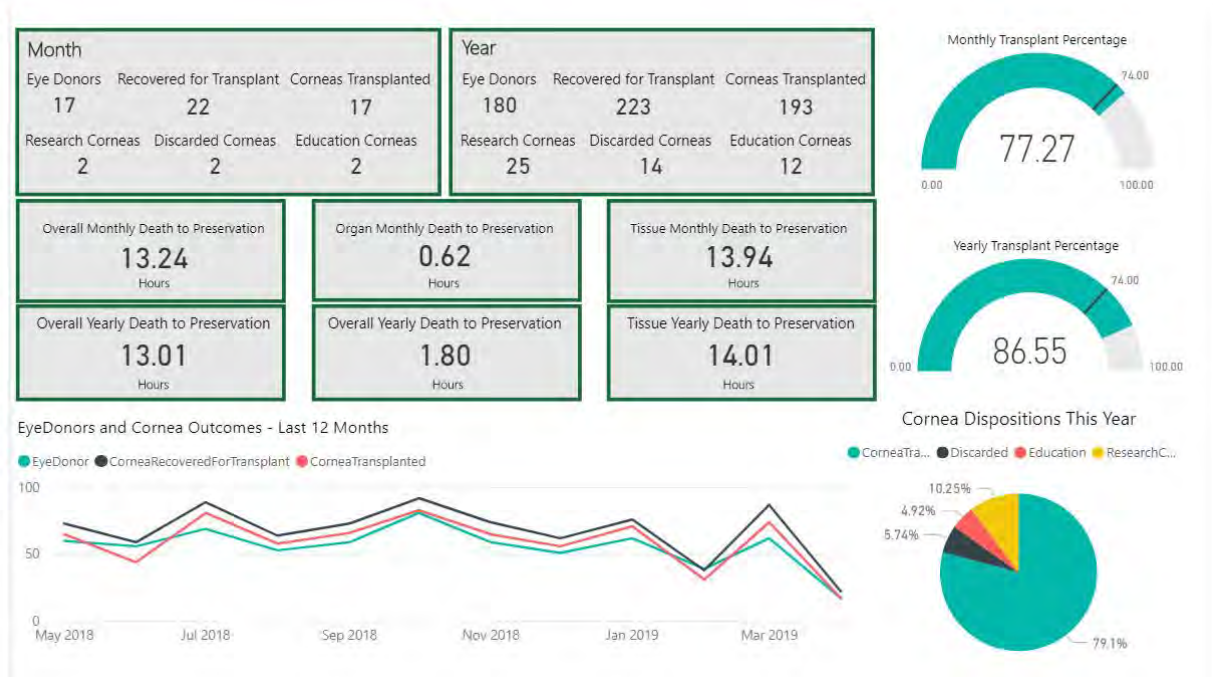


Figure 4.1-2: CORE Key Data Sources

Data Sources
True North
BTM Inventory Management System
Q-Pulse Policy Document Control Management System
ADP Payroll and Benefits System
Concur Expense Reporting System
LabDaq Laboratory Information System
Great Plains Financial Systems
Internal Spreadsheets
<b>Industry External</b> – CMS, APOPO, AATB, EBAA, SRTR, Tissue Processors, Transplant Centers, other OPOs
<b>Non-Industry External</b> – Local, state and national healthcare workforce and customer data, IT data

Once the goals for each pillar are set during the SPP, they are cascaded throughout the organization to department/unit and individual leader. Department dashboards align with lower level X-matrices. As a cycle of improvement in 2018, alignment/cascading of goals and objectives as well as automation of department dashboards occurred (Fig. 4.1-1).

Progress on achieving SO and projects/APs is tracked on corporate and department dashboards, and at monthly project

reviews at Leadership meetings. Percent of Projects On-Time is a dashboard metric. LT is responsible for the monitoring of their departments projects as identified in the Level 1 or Level 2 X-Matrix on department dashboards and are tracked either on the Corporate Dashboard or department dashboards.

Key organizational performance measures including financial measures (Fig. 4.1-4) are validated and shared monthly via the SharePoint site to ensure integration and transparency throughout and evaluated for continuous process improvement opportunities. Performance to plan on the Dashboard is reviewed monthly at QC meetings and department meetings to ensure progress and initiate corrective Aps, and quarterly at AB and BOD meetings. Daily key performance indicators are reviewed at Morning Huddle.

Figure 4.1-4: Key Financial Measures

SHORT TERM	Results
Operating Margin (Monthly)	7.5-1
Days Cash on Hand (Monthly)	7.5-4
Operating Revenue (Monthly)	7.5-6
Research Revenue (Monthly)	7.5-7
LONG TERM	
Organ Acquisition Costs (Annual)	7.5-3
Current Ratio (Monthly)	7.5-9

Figure 4.1-3 CORE Corporate Dashboard

Strategic Pillar	Corporate Goals	1st Q			2nd Q			3rd Q			4th Q			YTD	Context
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
Sustainability	Workforce : Satisfaction Score (>4.5)	4			4.513			4.41						4.25	
	Net Operating Margin: Achieve budgeted margin (> 5.6%) to include:	-0.8%	-1.0%	-9.9%	5.2%	1.9%	3.6%	11.9%	5.7%	11.8%	10.8%	-3.9%		6.8%	
	Local Organ: (>6.3%)	-7.9%	-6.4%	33.9%	-17.8%	-7.6%	33.4%	-17.4%	-13.9%	11.6%	20.9%	-13.9%		11.3%	
	Tissue: (>5.1%)	-14.4%	-13.0%	0.9%	-4.0%	9.4%	-4.3%	-26.7%	5.5%	-21.0%	5.2%	8.6%		6.7%	
Cornea: (>7.2%)	10.6%	8.1%	-17.1%	-16.0%	5.0%	-4.5%	10.0%	6.9%	10.9%	-0.0%	6.9%		1.8%		
Customer	Customer Complaints (Founded) Reduction (>20%)	2	11	8	11	4	4	5	10	7	0	4	1	25	EOQ1 Goal- <14 EOQ2 Goal- <28 EOQ3 Goal- <42 EOQ4 Goal- <56
Operational Excellence	Organs Transplants: Increase (>1%)	35	40	51	52	85	90	66	52	94	97	53	41	681	EOQ1 Goal->152 EOQ2 Goal->305 EOQ3 Goal->457 EOQ4 Goal->610
	Tissue donors: Increase (>1%)	102	82	93	89	81	97	103	100	81	88	105	95	1123	EOQ1 Goal->274 EOQ2 Goal->548 EOQ3 Goal->822 EOQ4 Goal->1096
	Cornea Transplants : Achieve (>85%)	93.92%	81.58%	85.06%	81.01%	80.30%	89.50%	77.14%	88.40%	89.02%	83.71%	88.16%		82.84%	
	Research Organs: Increase (>10%)	10	83	17	80	11	78	11	15	24	18	5	13	711	EOQ1 Goal->47 EOQ2 Goal->94 EOQ3 Goal->140 EOQ4 Goal->187
	Research Tissue: Increase (>10%)	445	164	110	108	97	100	105	143	77	84	88	86	1263	EOQ1 Goal->301 EOQ2 Goal->602 EOQ3 Goal->902 EOQ4 Goal->1203
	PA Designation Share: Increase (1.5%)	58.70%			51.80%			51.27%							EOQ1 Goal-> 50.70% EOQ2 Goal-> 50.95% EOQ3 Goal-> 51.15% EOQ4 Goal->51.95%
WV Designation Share: Increase (0.75%)	31.77%			33.89%			33.98%							EOQ1 Goal-> 33.86% EOQ2 Goal-> 33.91% EOQ3 Goal-> 34.11% EOQ4 Goal-> 34.46%	
Innovation & Process Improvement	Strategic Projects On-Time (>90%)	100.00%	100.00%	95.45%	91.67%	97.59%	84.62%	85.19%	96.00%	88.00%	91.40%	84.72%		91.11%	

Investigation into reasons for sub-par performance, analysis and corrective actions are required for any metric reporting red performance or any metric in yellow for three months.

**4.1a(2) Comparative Data** – CORE’s key source of comparative data is through CORE’s LINC partners, as they are high-performing organizations within the industry (*Fig. P.2-1*). LINC meets periodically to define, share and compare data. Defining the measurement ensures that CORE data is normalized and comparable. Measurements are shared on a monthly/ quarterly basis. At CORE, this data is then integrated into Phase I of the annual SPP (*Fig. 2.1-1*). As a cycle of improvement starting in 2019, the LINC partnership also identified the need to review comparative data for proactive opportunities for improvement with each other on a quarterly basis. Industry comparative data is also gathered through regulatory organizations, accreditors and customers. In cases where no industry data is available, CORE uses benchmarking data outside of the industry that is relative and appropriate. This usually applies to common support processes where region and other segments may have a greater effect on performance. For example, safety, turnover, IT response and salary surveys have outside industry comparisons.

**4.1a(3) Measurement Agility** – CORE’s performance measurement system is determined by process input and output variables. This allows insight into the granularity of variables necessary to build performance metrics and the agility to respond rapidly to the variables on an individual basis. In 2018, as a cycle of improvement, a “data mall” was created for centralization with validated data streams to support these variables. As an external example, in 2017, CMS changed the way they measure transplanted lungs (double-lung to single-lung allocation) and partial liver transplants. Agility of the system enabled rapid change to measurement and reporting of organs transplanted (CC). As an internal example, review of Corporate Dashboard goals of percent of corneas transplanted was revised in Q1 by the BOD because of continued over performance of the goal and was increased by 10%. Project Informatics meetings occur monthly to proactively communicate and corroborate upcoming measurement changes and projects (V - Quality).

#### **4.1b Performance Analysis and Review**

Performance is reviewed at all levels and at multiple frequencies. Clinical operations data is reviewed “real-time” via reports and automated dashboards. Early indicators to performance are reviewed throughout daily operations by team members and leadership that may drive decisions and corrective action. Clinical Leaders discuss the past 24-72 hours of donation activity and opportunities for improvement at the daily Morning Huddle. Typical discussion includes post-case review, current organ, tissue and cornea cases, authorization rates, and support department needs. The performance measurement system has undergone cycles of improvement to align APs and track progress on the Dashboards. The dashboard is shared monthly on the corporate SharePoint site.

Performance to plan is reviewed at QC meetings and department meetings to ensure progress. Inadequate performance may initiate corrective action plans. Corporate performance and any APs are also reviewed quarterly at AB and BOD meetings (V - Quality). Months are color-coded to illustrate progress on annual goals.

Performance to dashboard targets are evaluated as: Red = 10% < Goal, Yellow = w/in 10% meeting Goal, Green = meeting goal, Blue = Exceeding Goal > 10%.

When a measure is red, or three months at yellow, the measure’s leader must investigate and identify cause (V - Quality). Year-to-date data is reviewed to consider natural standard deviation in the process. The leadership team will then determine if an AP is required.

BOD committees conduct quarterly reviews of key data for their areas, which include finance and community outreach. As a cycle of improvement, the LINC partnership identified the need to review comparative data for proactive opportunities for improvement with each other on a quarterly basis. Performance including comparative data is then integrated into Phase I of the SPP for gathering inputs (*Fig. 2.1-1*).

Leaders examine data to determine trends, conduct industry comparisons and check data quality to ensure conclusions are valid. Leadership reviews data including performance targets, performance comparisons with like organizations regionally and nationally, and APs through organizations such as UNOS, AOPO and CMS.

On an annual basis, audits are performed for the purposes of accreditation, certification and licensure. SLs review the results of these surveys and make appropriate improvements to systems and processes. Following an evaluation of an FDA audit in 2017, SLs identified the need to improve the process for capturing, investigating and analyzing non-conformances. The CAPA system is now used, which allows data to be blended, trended and analyzed for systemic opportunities (V - Quality).

High leadership engagement, smaller department teams and CORE’s fully integrated Organ Procurement Operations (Donor Management Resources & Facility, On-site Operating Suites, Intensive Care Unit and Donor Testing Laboratory) (CC) allows the organization to be agile and make rapid recommendations and changes at the department and organizational levels.

Dashboard reports are provided at quarterly BOD meetings (1.2a(2)). An annual two-day BOD retreat, attended by SL, BOD, AB members and stakeholders includes a review of performance over the previous 12 months and facilitated sessions focus on advancing the SP and performance goals.

#### **4.1c Performance Improvement**

**4.1c(1) Future Performance** – SLs use historical data, external best-practice benchmarks and predictive analytics to project future performance. (*Fig. 2.1-6*) Future performance models are created based upon previous performance and trends. Performance goals are set keeping predictive performance in mind. For example, regression analysis was used to predict

Organs Transplanted by using mathematical models from five previous years of performance. A Moving Average regression was created that predicted performance. The goal for organs transplanted was based upon this prediction plus expectations for additional increases that were to be supported and realized by strategic projects/APs. Thus, the goals identified in the corporate dashboard Figure 4.1-3 are annual stretch goals.

During Phase I of SPP, Leadership conducts a comprehensive analysis of industry trends, local, state and national demographic projections, anticipated technological advancements, changes in healthcare, and innovations that could impact the Mission. The use of a rolling SP allows adjustments when challenges arise that affect these projections. Current projects/APs are modified if they are not aligned with the projections established that drive the success of the SP.

**4.1c(2) Continuous Improvement and Innovation** – The monthly review of the Dashboards drive the projects/APs for improvement. When a measure is red, or three consecutive yellow months, the leader of the measure must complete an investigation, cause and share a plan for improved performance (V - Quality). Year-to-date performance is also considered when identifying projects/APs. For clinical areas, needs for improvement and innovation are discussed during a monthly Joint Session that includes Procurement, Donor Referral, Recovery, Eye Bank and Professional Services staff.

Emergent issues or opportunities may require modifications to current SP. These issues and opportunities are reviewed and proposed at monthly leadership if they meet two of the three following criteria:

- The total cost of the project/AP (capital and/or operating) exceeds \$50,000.
- The project/AP will last three months or more before becoming operational.
- The project/AP implementation involves two or more departments.

In these cases, project/AP charters are initiated and proposed with workforce, finances, capital, equipment, market, customer and technology needs. Leadership reviews the impact the proposals will have on the current plan and projects in terms of capacity, capability and risk. Projects/APs may be added, modified or replaced with projects addressing the emergent issue or opportunity. Approved projects/APs are then deployed to appropriate departments, suppliers, partners and collaborators with Project leaders and Champions and are added to the monthly strategic project/AP review.

## 4.2 Information and Knowledge Management

### 4.2a Data and Information

**4.2a(1) Quality** – Quality is ensured through various methods. The primary source of data is TrueNorth, CORE’s EDMR which captures all clinical activity in real-time. Audits of clinical charting, review of recorded telephone authorizations, and donor risk assessment interviews are performed by the Quality Department to ensure accuracy. In a cycle of learning, CORE has implemented an automated Quality Control (QC)

Check directly in TrueNorth that performs checks during clinical team charting. At the close of the chart, a final QC Check is run by each area and the chart is sent to the Quality Department for final review. The automated rules in place enable the validation of hundreds of fields real-time. This QC Check ensures data is accurate for charts that are sent externally to customers, suppliers, partners and collaborators (V - Quality).

Reports and dashboards in the CORE data mall require validation and signoff from requester, managers and SL, as well as the CIO. All data extracts from TrueNorth are centralized to ensure the values are consistently used across reports and data is current.

PSLs perform independent death-record reviews of hospitals within the DSA. The results of these reviews are compared with CORE’s routine referral calls to ensure accuracy and consistency.

All financial data is audited annually by external auditors. Independent certified audit findings are made available for public review.

**4.2a(2) Availability** – SharePoint is used to house information. Data is displayed as charts, tables, graphs and dashboards based on the LT, QC, Committees and Department needs. Organizational reports, including the daily organ, tissue and cornea progress/performance Dashboard, are placed on SharePoint. Formal requests by stakeholders are reviewed for approval by the IT department. A 2017 cycle of improvement enables concurrent editing of documents to meet user needs.

Access is available to all applications utilizing cloud-based infrastructure with minimal downtime. External hospital EMRs are available for appropriate staff and is protected by confidentiality agreements.

Policies and procedures, performance/progress data, and general graphs and charts can be accessed via SharePoint. Critical policy and procedure documents were moved to Q-Pulse in 2013 for better control and workflow support. The system ensures proper communication accessibility to specific documents as they are implemented and revised. To help improve user friendliness and ensure accuracy, policies and procedures are reviewed by leaders and CORE’s Medical Dir. prior to deployment. All software development is completed with input from the functional users including final user acceptance testing. The process to select hardware includes a laptop fair, allowing individual user input in the final selection of devices. Super users also field test equipment to ensure the appropriate hardware selection.

BOD members can access performance/progress data and subcommittee data, including marketing, operational and financial data, through a secure portal called Board Effect.

Monthly hospital-based reports are shared with partners to ensure they meet CMS regulatory requirements. When a customer or partner requests data, SLs decide if the data can be sent immediately or if the request needs to be evaluated by a team. Data format and requirements are reviewed with the

requestor to ensure the provided information is in a format that is useful and accurate.

CORE’s website, www.core.org, houses educational materials for the general public. Decisions regarding the content of the site are made by Community Outreach in consultation with CORE’s public relations firm. The website content is monitored, and changes are made as needed.

**4.2b Organizational Knowledge**

**4.2b(1) Knowledge Management** – Knowledge and information are managed through the Information and Knowledge Management Process: 1.) Collect, 2.) Evaluate and Blend, and 3.) Correlate and Transfer (Fig. 4.2-1).

Team members are responsible for reporting innovative ideas and best practices learned at national conferences back to the organization (V - Education, Quality). This information can be used in the SPP, process improvement and innovation. Team members also present the information to the appropriate identified audience.

Opportunities for best practice leveraging are identified upon completion of continuous improvement projects as well as root-cause investigations through preventive actions. Relevant Knowledge is gathered and evaluated during Phase I of the annual SPP (Fig. 2.1-1). Information includes stakeholder inputs, customer analysis, comparative analysis, industry analysis, company performance and regulatory changes. As an example, 2017 and 2018 performance of CORE’s Donor Hospital partners was evaluated and transferred as an input for SPP. The information was correlated as a main factor in “Increasing Suitable Organs for Transplant,” a 2019

initiative. As a result, a 2019 Strategic Project/AP “Improve the Referral Management Process” was initiated.

**4.2b(2) Best Practices** – Industry best practices are shared through participation on national industry councils and task forces, and the National Community of Practice Councils. Upon return from conferences and external meetings, team members share relevant best practices with LT and stakeholders to determine if they should be implemented by CORE and/or its stakeholders (V - Education, Quality). CORE SME’s for relevant areas review results from the source and review its applicability to CORE key processes and support processes. They also choose what elements they propose to leverage and may do so within the Performance Improvement System (P.2-2).

Best practices are shared with other OPOs on a local and national level through speaking engagements at seminars, and poster and abstract presentations. The financial models started when an improvement was required in CORE’s Eye Bank. The success of the model in this department inspired the development of a model in other cost centers. CORE hosts visiting members of other organizations, including OPOs, to share best practices. Team members visit other organizations to share knowledge and take advantage of learning opportunities (V - Education, Quality).

Internal best practices are also shared at monthly Team Huddles and Joint Session meetings. At Joint Session meetings, the clinical departments discuss timely issues and review new processes or procedures. Paycom software was adopted that records and facilitates training of policies and best practices.

**Figure 4.2-1: Knowledge Management Process**

Process	Tool	Workforce	Customer	Supplier	Partner	Collaborator
Collect	Surveys	A	A, CBC		TA	CBC
	CAPA	AN	AN	AN	AN	AN
	Social Media	D	D	D	D	D
	CORE Site Meeting	M	A, Q		A	Q
	Off-Site Meetings		CBC, Q, BA	AN	M, AN	D
	Donation Performance Data	M	M		M	
Evaluate and Blend	Data Mall/Custom Reports	AN	M		M	
	Dashboards	AN	M		M	
	CAPA	AN	AN	AN	AN	AN
	Staff Meetings	AN			M	
	Joint Session	M				
	QC	M	M	M	M	Q
Correlate and Transfer	CAPA	AN	AN	AN	AN	AN
	Joint Session	M				
	Staff Meetings	AN	M	AN	M	
	QC	M	M	M	M	Q
	Dashboards	AN	M	Q	M	
	Calendars	AN			M	
	Software Links	AN	AN	AN	AN	AN
	SharePoint	AN				
	Paycom	AN				
	Morning Huddle	D				
	ADKAR	AN	AN	AN	AN	AN
	SPP	M	Q	AN	A	A
	CORE Hosted Training Sessions	AN	AN	AN	AN	AN
Team Huddle	M					

**LEGEND:** A=Annually, AN=As Needed, BA=Bi-annually, CBC=Case-by-Case, D=Daily, M=Monthly, Q=Quarterly, TA=Tri-annually

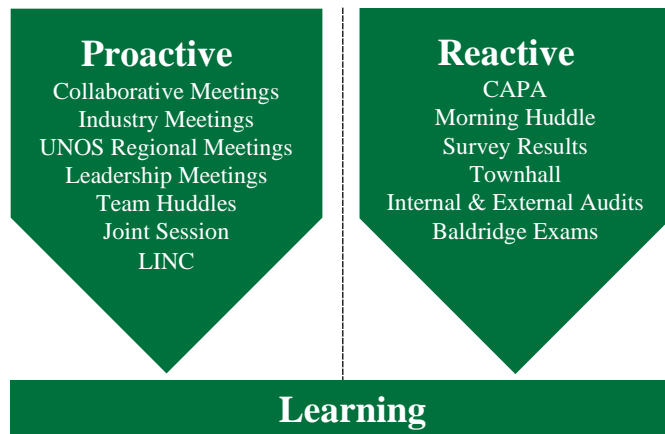
The system allows for targeting of individuals and groups for sharing of relevant information.

Identifying appropriate higher performing sub-groups is often an element of analysis in innovation and continuous improvement projects/APs. Performance capability data is analyzed by logical subgroups, team members, shifts, etc., and capability measurements for those subgroups (Cp) is compared to capability of the entire group (Cpk). As an example, a 2019 Strategic Project/AP “Increase Non-designated Authorization Rate” identified a group of best performing DRCs and investigated, leveraged and institutionalized their best practices to other DRCs in the department (V - Quality). Overall Non-designated Authorization performance has improved by 50%.

Having a fully integrated Organ Procurement Operations (Donor Management Resources & Facility, On-site Operating Suites, Intensive Care Unit and Donor Testing Laboratory) (CC) allows CORE to transfer knowledge and best practices readily and quickly throughout the key processes and support processes by utilizing internal communication channels such as Morning Huddle, AOC, TOC, LifeLogics or ad-hoc face-to-face communication.

**4.2b(3) Organizational Learning** – Learning is driven through both proactive and reactive channels (Fig. 4.2-2). The value of education drives the commitment to embed learning throughout the organization. CORE actively promotes, facilitates, and rewards collective learning and sharing of information. Team members have the opportunity for an increased annual merit for exceeding educational expectations.

**Figure 4.2-2: Organizational Learning**



**5. Workforce**

**5.1 Workforce Environment**

**5.1a Workforce Capability and Capacity**

**5.1a(1) Capability and Capacity Needs** – Workforce C&C needs are assessed during annual SPP (Fig. 2.1-1). The C&C Process is defined in Figure 5.1-1.

As a result of 2017 MAAPE Feedback, a monthly standardized meeting agenda for LT was created that included C&C review. Any needs identified during these monthly meetings that have a significant impact on the organization are

to be presented at the following quarterly SP session. Based on the outcome of this review, workforce capacity may be adjusted, additional training needs may be identified and, when necessary, budgets may be modified.

When a position is vacated, the Dir. of HR meets with appropriate LT Member(s) to re-evaluate the position’s requirements and the organization’s needs to ensure that the position is still needed, the job description is appropriate, and that it fits with overall staffing needs.

Through the daily Morning Huddle, monthly Leadership Meeting and QC meetings, a variety of metrics are reviewed, and determinations are made regarding capacity and the need for additional training of clinical staff to enhance capability and effectiveness. In addition, any new project/AP or initiative evaluates workforce capability and capacity prior to the deployment of the initiative (Fig. 2.1-1), requiring capability and capacity evaluation. Eligible team members are encouraged and financially supported to achieve certification in their specific areas (V -Education).

Changes in regulations and industry standards trigger an assessment of the workforce to determine if additional competencies are required. The values of education, quality and integrity ensure that well-trained and educated team members carry out the donation process with integrity.

In the past five years, combined organ, tissue and cornea donations have increased which has prompted the hiring of more clinical roles such as RCs, DRCs, OPCs and APDCs, as well as creating several new positions including a Dir. of Innovation and Process Improvement, Business Analyst, Procurement Trainer, Regulatory Affairs Manager, Legal and Legislative Advisor, Research & Eye Bank Specialist, Digital Brand & Content Coordinator, and Volunteer Coordinator (Fig. 7.3-9 & 11).

CORE Volunteers work in support of promotion and education to the DSA on the donation process. Staffing needs to support various events are assessed by CORE’s Volunteer Coordinator annually. DSA segments are targeted which determine skillsets for support needs. CORE’s Volunteer Workforce consists of 200+ active volunteers. In 2018, 200+ active volunteers dedicated 3,243 hours of service to CORE’s mission.

**5.1a(2) New Workforce Members** – The Employment Process (Fig. 5.1-2) is driven by CORE’s Values (P.1.1a(1)).

- **Recruit:** A proactive, ongoing approach is used for recruiting that involves seeking clinical job applicants regardless of open positions. Relationships with partners, local high schools, colleges and technical schools are leveraged to identify candidates and cross-referenced with the C&C needs database. Internships and scholarships often result in permanent employment.
- **Hire:** The hiring step includes multiple layers of candidate screening for fit to the organization, leadership and peer interviews. Candidates’ “fit” into CORE’s value-driven culture is evaluated throughout the hiring process.

**Figure 5.1-1 Capability and Capacity Process**



- **Onboarding** Orientation gives new team members the necessary knowledge, skills and training to become effective members of the organization. The Employment Process is evaluated annually by the HR department. As a result of 2017 evaluation and leadership feedback, the OPC onboarding has been streamlined and shortened to allow for new team members to be fully trained in a shorter period of time. The importance of CORE’s values is emphasized throughout onboarding. Each employee attends general orientation as well as specific programs designed by their supervisor and preceptor. The CEO personally meets with each employee once they have completed their six-month orientation and reviews takeaways with the leadership team.
- **Train:** Using CORE’s Learning and Development System (LDS) (Fig. 5.2-1), training needs are identified, developed and offered to ensure team members are successful in the execution of their responsibilities. Position-specific training plans are reviewed for timing and completion by their preceptor and supervisor.
- **Retain:** The annual engagement surveys identify “the mission” as one of the main reasons team members stay at CORE (Fig. 7.3-3a & 3b). Team members are also retained through competitive wages, a comprehensive benefit package, as noted in engagement survey results (Fig. 7.3-16), and team member development.

CORE staff is reflective of the DSA demographics. Diversity of opinions, ideas and perspectives is achieved by having a workforce comprising various generations,

educational backgrounds, cultures and opinions that are hired from the DSA (V - Respect). Everyone at CORE also receives diversity training. Staff members also include members that have been directly affected by CORE’s mission as Donor families or transplant recipients, and former transplant hospital staff. Due to different cultural needs within the DSA, we include peers that fit the needs of the demographic

in the interview process. For example, when interviewing candidates for WV-PSL, current WV-PSLs assist with interviews. CORE’s BOD and AB include members that represent donor families, transplant recipients, transplant hospitals, coroners, medical examiners, state representatives and corneal surgeons that are former/current customers, collaborators, partners or stakeholders, allowing for responsiveness to customers.

Volunteers are recruited through transplant centers, social media, advocate teams, referrals and personal interaction with the donation experience and at community events. Volunteers are onboarded by filling out an application, New Volunteer Orientation and minimum score testing to determine training effectiveness and background checks. The MVV is communicated at training and at every volunteer meeting. CORE also is one of only a few OPOs nationally that is an official Minority Organ Tissue Transplant Education Program (MOTTEP) with a dedicated staff member overseeing that program (V - Innovation).

**5.1a(3) Workforce Change Management** – CORE ensures continuity by being fiscally responsible. Sustainability is a strategic pillar. Financial and workforce corporate dashboard metrics provide the ability to monitor and react to changing conditions. LT monitors overtime hours as well as adjusted hours of clinical team members. CORE uses predictive analytics to provide insight into donor volumes which forecasts the need for clinical and non-clinical personnel capacity. CORE maintains an efficient, lean workforce by monitoring donors per team member and transplanted organs per team

**Figure 5.1-2: CORE Employment Process**



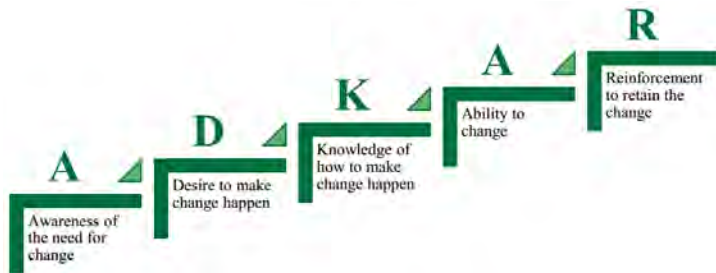


member and benchmark against CORE’s LINC partners (Fig. 7.3-10 & 11). Closely monitoring donor volumes daily ensures that CORE can quickly react to unforeseen growth trends. CORE also has many clinical team members that are cross trained and certified enabling workforce flexibility (capability) in case of short-term spikes in capacity (V - Education).

The LT has adopted the “ADKAR” change management model when rolling out changes that could have significant impact on the workforce (Fig. 5.1-3). A member of the LT is responsible for ensuring the model is implemented when appropriate. Changes affecting team members are discussed at LT meetings and Morning Huddle where the need to use the ADKAR tool is identified. The Dir. of HR works with the appropriate LT member to determine the needs of the workforce and how to best approach the change. For example, when an agreement is established with a new partner, ADKARs are held to ensure that all impacted departments are aware of the change. The changes are then appropriately communicated to team members.

When a new position is created, team members are informed on the responsibilities of the role and are given the opportunity to apply for the position.

**Figure 5.1-3: CORE ADKAR Change Management Process**



With a focus on SP, excellence and agility, continued growth has occurred and there have been no workforce reductions at CORE. Discussing all key and emergent changes at Leadership meetings allows SL to remain agile and focused on the Mission (V - Respect).

Annual Volunteer “Kick-Off” and quarterly meetings prepare for any planned changes through the year. This includes C&C needs as identified for support in strategic projects/APs. A Volunteer Newsletter along with the “Volunteer Hub” provides online access to training and events.

**5.1a(4) Work Accomplishment** – The workforce is organized by Department with LT providing supervision and oversight of the Departments (see Organization Chart). Team members are classified as clinical or non-clinical. LT meets at least monthly to review progress on goals and initiate improvement actions.

LT and team members participate in inter-departmental teams and committees that enable effective vertical integration of the CC: 1.) Services in honoring and respecting Donor Families, and 2.) CORE’s fully integrated Organ Procurement Operations (Donor Management Resources & Facility, On-site Operating Suites, Intensive Care Unit and Donor Testing Laboratory). These customer- and stakeholder-focused

strategies support efficient communication and management of people and processes which drive execution of the mission (Fig. 6.1-1).

During the Morning Huddle reviews of clinical activity, decisions and schedules are adjusted to meet the unpredictable nature of the business. An on-call scheduling process is utilized in key clinical positions.

The LT review recent, current and potential donation activity, identify actual or potential misalignments to policy and practices, and ensure integrity in the donation process. This interaction provides the ability for the LT to be agile and respond to stakeholder needs (Fig. 6.1-2).

An AOC is available to manage clinical team member activities, answer process-related questions, and ensure legal and ethical business operations at all hours.

Monthly LT meetings are a forum for leaders to discuss processes that ensure the organization’s work and Mission is being accomplished.

Department Dashboards (AOS) are aligned with the Corporate Dashboard, which supports the MVV, and include a customer focus goal (4.1a1).

Volunteer activities are managed and directed by the Volunteer Coordinator. Department goals are communicated through the Dir. of Communications at the annual Volunteer Kick-off meeting. Volunteers sign up for events through Volunteer Hub and schedules can be viewed real-time on the Community Outreach Calendar of Events (COCE).

**5.1b Workforce Climate**

**5.1b(1) Workplace Environment** – Work occurs in three general environments: Non-clinical, clinical, and remote at partner, collaborators and public sites (Fig. 5.1-5). Both non-clinical and clinical activities occur primarily at CORE’s Pittsburgh headquarters. Community Outreach activities that may include volunteers occur at CORE headquarters and public sites. CORE applies general health, security and accessibility policies to all team members regardless of the environment as well as environment-specific requirements to clinical areas and for remote sites.

**5.1b(2) Workforce Benefits and Policies** – Full-time and regularly scheduled part-time team members are offered a comprehensive benefits package. The package is consistent for all workforce (Fig. 5.1-4). Following the 2017 review, the leadership decided to allow qualifying part-time team members to participate in medical benefits (V - Life). Competitive benefits are consistently rated above the HC top quartile year after year (Fig 7.3-14).

The needs of different workforce groups are evaluated, and work schedules have been modified based on team member feedback and donation needs. The LT tailored the Recovery, DRC and Procurement Departments’ schedules to balance team members’ personal lives with their efforts to accomplish the Mission (V - Life). These team members were offered self-scheduling and work on a rotational schedule rather than a standard four- or five-day work week. At a supervisor’s discretion, home office days are also available.

Several clinical departments have casual staff available to fill in during periods of high activity. This group is also beneficial when it is necessary to hire a new full-time position, because hiring from the casual pool reduces training time and development.

**Figure 5.1-4: CORE Benefits Plans and Policies**

Benefit Plan	
<b>Health Insurance (Medical, Dental, Vision)</b>	Low cost to team members Minimal co-pay and deductible In & Out-of-Area network Full- and Part-Time team members
<b>Life and AD&amp;D</b>	2 times annual salary Company paid Voluntary options available
<b>Disability (Short-Term &amp; Long-Term)</b>	Company paid Voluntary options available
<b>Paid Time Off (PTO)</b>	120 hours – Additional 40 hours at 5- and 10-year anniversary
<b>Bank Time</b>	Unused PTO Maximum 21 days (168 hours) Extended absences
<b>Holiday &amp; Comp Time</b>	8 paid annually Clinical comp days granted
<b>Retirement</b>	Matched at 1.5 times up to 8%
<b>Car Allowance and Mileage</b>	Reimbursement to team members in traveling positions
<b>Employee Assistance Program</b>	Team members and dependents 24/7 assistance Confidential
<b>Bereavement Leave</b>	Up to 3 days available
<b>Flexible Schedule</b>	Self-scheduling rotational schedule
<b>Compensation</b>	AOPO comparison annually
<b>Annual Celebrations</b>	Annual Recognition Dinner and Holiday Party
<b>Local Vendor Discounts</b>	*Various health clubs, restaurants, etc.
<b>On-Site Parking Lots</b>	Free parking

The option of working a flexible schedule is available when it meets the needs of the team member, individual department and the organization (V - Life).

Compensation ranges for each position are determined through the comparison of AOPO industry standards and guidelines, as well as comparison to local and regional salary benchmarking.

Volunteers receive reimbursement for out-of-pocket expenses such as mileage, parking, access to community events, and opportunities for networking and collaboration. Effort is made to ensure volunteer experiences are never cost prohibitive.

## 5.2 Workforce Engagement

### 5.2a Assessment of Workforce Engagement

**5.2a(1) Drivers of Engagement** – Based on the MAAPE feedback report, SL began using the Beyond Feedback tool to assess engagement to replace the Gallup Poll used from 2009 – 2015. This tool identifies areas of satisfaction and engagement between workforce segments. Team members are asked to select 10 Employee Key Requirements (EKR) out of a list of 26. Each EKR represents an area of engagement or satisfaction for the team member. Once the team member selects their 10, they are asked to provide a weight to each EKR which represents the level of importance to the team member. Finally,

the team member is asked to provide a score related to CORE’s performance relative to that EKR. Results related to this survey can be segmented by clinical and non-clinical team members as well as department, age ranges, compensation level and years of service to identify areas of opportunity to further engage team members.

Multiple venue opportunities are provided, empowering volunteers to seek out and choose events of interest and engagement. These opportunities are based upon feedback on volunteer applications that inquire “areas of interest.” Volunteers input for new opportunities are also requested and considered. The Volunteer Coordinator makes an effort to align these areas of interest when fulfilling C&C needs.

**5.2a(2) Assessment of Engagement** – Results of the Beyond Feedback survey are compared to CORE’s previous year results as well as the overall healthcare benchmark for this survey. Action items developed from this approach are driven by actual team members’ suggestions or feedback and are reported on at monthly leadership meetings.

Examples of initiatives driven by this survey are the launch of a new HRIS system, the development of new department schedules and the continued dedication of resources to team members’ professional development.

Monthly Rounding also assesses engagement. Leaders talk to team members about what processes are working well, what areas need improvement, and whether the team members have the tools needed to do their jobs.

Exit interviews are used to assess workforce engagement. The exit interview tool allows HR to segment interview data by appropriate department to target opportunities for improvement. HR provides the result of the exit interviews to the CEO immediately. Leadership reviews retention, unplanned PTO, safety and productivity data to identify possible trends and develop plans of action to improve team member satisfaction.

All engagement and satisfaction data collected from relevant metrics, survey results and informal feedback are segmented by department/leader to analyze differences and address needs. This data is reviewed at LT meetings and is used to determine business correlation with engagement results, develop of policies and procedures, and implement new practices, and is input for SPP. Department Leaders are responsible for identifying and addressing engagement factors to help meet department goals.

An annual Advocate/Volunteer Survey assesses volunteers’ feedback and engagement. The results are reviewed at local volunteer meetings, by the Community Outreach Department and CEO. In addition, at the conclusion of each event, feedback forms are completed by participants that assesses specifics to the success of that event. Overall engagement is assessed by repeat participation of volunteers (Fig. 7.3-13).

### 5.2b Organizational Culture

Open communication, expectations for high performance, and team member engagement, ownership and accountability is

**Figure 5.1-5 CORE Work Environments**

Environment	Factors	Measures
<b>General Health</b>	LEED-Certified Facility Green Roof Accessibility Health Safety Training Biohazards Blood-borne Pathogens Sharps Universal Precautions PPE Flu Vaccinations Discounted Fitness Center Tobacco-Free and Cessation Assistance PTO for Sick Days Diversity Training	Unplanned Call-offs ( <i>Fig. 7.3-4</i> ) Sharps Related Injuries ( <i>Fig. 7.3-21</i> ) Annual OSHA training (100%) New Employee Safety Training (100%)
<b>General Security</b>	Lock Permitted Access w/ Records Video Surveillance 24/7 Monthly Security Audits Partnering w/ Local Fire & Police Video Displays of News/Emergencies Background Checks ACT 33 & 34 FBI Fingerprints on Request EAP	Criminal Background Checks (100%) Annual Emergency Management Training (100%) Monthly Security Audits (100%)
<b>General Accessibility</b>	LEED Building Expansion Elevators Lowered Water Fountains Areas of Rescue Assistance Wheelchairs On-Site	LEED Certification
<b>Clinical</b>	Sterilization & Monitoring of Clean Rooms Sharps & Needle Training w/ Testing TB & HEP B Vaccinations	Clinical Staff TB Vaccinations (100%) Clinical Staff Hep B Vaccinations (100%)
<b>Remote</b>	Location & Status Tracked Daily Site-Specific Training & Orientation Surveillance of Hazardous Weather Conditions	# of Remote accidents (0) # of Weather-Related Accidents (0)

driven by the LS (*Fig. 1.1-1*). It starts with the MVV and SPP. Two-way communication is established as the workforce is engaged in developing the SP through the catch-ball process. This cascades down to individual performance goals for every team member (2.1a1). This ensures diversity of ideas and varying perspectives of CORE’s workforce, both clinical and non-clinical, within and outside of the LT. Performance and learning are captured through established performance metrics at multiple levels and through open communication channels with leadership. The LT conducts monthly rounding, enabling each team member to voice what is working well and not working well, any needs, and recognition of other team members, and to identify ethical behavior. The CEO creates a culture of transparency by sharing information at monthly Team Huddles that includes finances, operations, legislation, local and national initiatives, team member success, and donations.

Team members are empowered through the “Great Idea” program. They can electronically submit ideas for improvement which are reviewed at monthly QC meetings. Team members are informed of any action taken on their ideas or reasons they cannot be implemented (**V - Quality**).

Results of the annual team member engagement survey are shared openly with staff and team members participate in the development of corrective APs to increase satisfaction in low-scoring areas.

Cross-functional committees and teams ensure that the benefits of diverse thinking and ideas are heard. The groups demonstrate creativity and innovation as they work on problem-solving and process improvement (**V - Quality**).

Volunteers support CORE’s mission by fostering a greater understanding of donation and transplantation in their own communities; they also serve as living testaments to the power of donation, personifying the CORE mission itself. Nearly every one of these volunteers has a personal connection to donation — donor family members, transplant recipients, waiting list candidates, living donors and caregivers. It’s very often this connection not only motivates the volunteers but also provides them with an intrinsic satisfaction from their volunteer work.

**5.2c Performance Management and Development**

**5.2c(1) Performance Management** – The Performance Evaluation System (PES) is an ongoing process involving the LT and team members. The PES aligns the Values and job responsibilities that support both engagement and high-performance work.

Team members complete an annual self-evaluation, rating their work performance, achievement of personal goals agreed upon at the beginning of the year, and personal demonstration of the **Values**. Team members then meet with their supervisor and discuss ratings for each area. Salary increases are based on performance and the ratings on these reviews. The performance review process includes a review of the Department goals and

actions required to achieve those goals. Team members are held accountable for the achievement of the department goals.

SL have defined the competencies for each position to evaluate the overall performance of each team member. As needed, team members may be re-evaluated on an ongoing basis. The PES is re-evaluated annually. In 2014, a new “Performance Report Card” was implemented for SL. In 2016, the performance-based scoring system was deployed to all team members.

High performance is promoted through the Leadership System (Fig. 1.1-1), accountability for annual Dashboard goals and the demonstration of behaviors that support the MVV. New team members receive a six-month orientation built around performance expectations, responsibilities and behaviors required for successful employment. Team members who fail to meet their performance expectations are given an opportunity to improve through a measurable AP that focuses on the Values.

Compensation is aligned with team member and organizational performance. Each year, a monetary incentive, which is linked to the Corporate Dashboard goals, may be paid to all team members with BOD approval.

Reward and recognition are ongoing activities. Team members are recognized for their commitment to the Values on a daily, monthly, quarterly and annual basis. Recognition can come from peers, other team members, SL and customers. Reward and recognition approaches include:

- The President’s Award
- Thank-you notes
- “Shining Stars”
- Gift cards for high performance
- The Years of Contribution dinner
- The holiday party and summer picnic

SLs implemented a handwritten thank-you note system. Since implementation, more than 1,500 notes have been mailed to team members and other stakeholders to express appreciation for their efforts (V - Respect).

Volunteer incentives for participation directly cascade down from organizational goals (designation). High performers receive invitations to an appreciation dinner where they are recognized with awards such as the Presidential Volunteer Award, Healthcare Hero Award and Donate Life America Award.

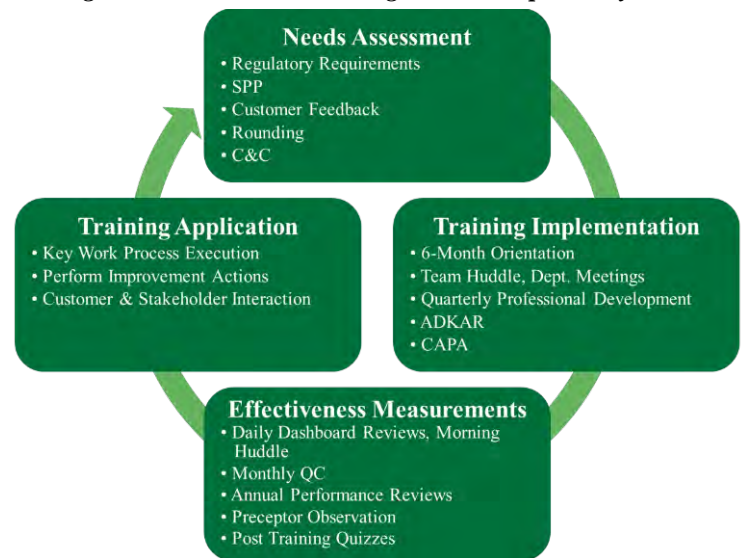
The nature of the SPP encourages innovation and intelligent risk. Challenges through specific goals with strategic customer focus are identified and cascaded through the organization. The catch-ball process engages the workforce to develop and plan actions and projects/APs to meet the challenges set by LT. Risk is assessed within proposed project/AP charters. Any emerging risks are also identified and monitored closely at the project/AP level during monthly and quarterly reviews. Mitigation plans are identified and executed as necessary. Considerations include workforce, finances, capital, equipment, market, customer and technology. Strategic projects/APs are presented at Leadership as well as Team Huddle, where teams are celebrated for success.

**5.2c(2) Performance Development** – The four-step Learning and Development System (LDS) (Fig. 5.2-1) ensures that educational offerings have a direct impact on team members’ ability to contribute to the Mission and affect the Dashboard goals. While a number of trainings are mandated through regulations, many are identified through other avenues such as the SPP, opportunities for improvement and annual surveys. Once identified, learning needs are prioritized and the best method of delivery is determined. Learning materials may be developed internally, or external partners may be utilized. Learning and development opportunities are conducted in several venues including classroom settings, Team Huddle, on-the-job training and self-study opportunities (V - Education). Once completed, participants are asked to evaluate the quality of the training, materials and lecturer, if applicable. Following the trainings, team members apply the learning through their daily assignments, process or system improvements, and the training of others. In specific cases, a post-training quiz is used to evaluate the retention of presented information. In 2013, a requirement of a minimum of 8 hours of professional development for each leader and team member was initiated. Due to the success of this program, the goal was increased to 10 hours in 2014 and has remained at that rate.

**Education is a CORE Value.** The LT strongly encourage continuing education and reimburse team members for obtaining certifications that support team member capability.

Relevant educational opportunities, including webinars and conferences, are identified by the LT and team members. The value of attending these events is based on their ability to help the individual and the organization achieve short- and long-term goals and APs. Team members from all departments can expand their knowledge within their specialties by participating in CORE-sponsored webinars and training programs. Attendance at local and national meetings and conferences is encouraged.

**Figure 5.2-1: CORE Learning and Development System**



During PES reviews, leaders discuss dashboards and team member goals, and ask how team members would like to develop their knowledge and skills and advance their careers.

Ethical business practices and CCP are introduced through CORE's Code of Conduct (1.2b(2)).

Ideally, exiting team members will overlap with their successors to ensure transfer of knowledge (Fig. 4.2-1). Knowledge is also transferred from departing and retiring team members through succession planning, and discussions between leaders and managers and departing team members about their work responsibilities and tasks.

New knowledge and skills are reinforced through routine auditing and annual competency evaluations. Managers in clinical departments work hands-on with team members, which allows them to observe and support the knowledge and skills gained from new training.

Self-guided online training is made available for volunteers. The Volunteer Coordinator considers the background and skillset of each volunteer and proactively matches speaker with criteria, venue, audience and subject matter, and ranks each candidate as Bronze, Silver, Gold or Platinum accordingly.

**5.2c(3) Learning and Development Effectiveness** – Effectiveness is measured at multiple levels: Organizational and individual (Fig. 5.2-1).

**Organizational:** Ultimately, the overall effectiveness of the LDS is measured by the impact on the Dashboard goals. These are reviewed daily, monthly and quarterly (Fig. 4.1-3).

**Individual:** Six-month, position-specific NEOs are utilized. Team members in both clinical and non-clinical areas are assigned a preceptor to support their learning and development. During the six-month preceptor period, team members are observed for transfer of learning and competency of the skills required to successfully perform the job. Periodic audits of the six-month orientation ensure proper tracking and performance of the process. Additionally, annual competency assessments are performed, where the ability of team members to apply what they have learned is evident.

Annually, the HR department sends out a survey to evaluate the effectiveness of the previous year's development offerings. Based on the feedback, additional training opportunities are provided.

Dependent upon performance and volunteer C&C needs, some volunteers are "retargeted" to offer additional training. In a cycle of improvement, HUB-Learning, a self-guided online training portal, is available for volunteers, enabling education regardless of their location in the DSA.

**5.2c(4) Career Development** – Opportunities for career progression can occur internally through supervisory or management tracks, through technical capability tracks, or occur externally. Due to the size limitations of the organization, limited growth potential and non-competitive nature of OPO's, career progression sometimes occurs externally (V - Life). CORE's goal is to develop champions of organ and tissue donation to bring us closer to the vision.

**Internal:** At least once a year, during performance evaluations, team members and their supervisors discuss career goals and development opportunities for the upcoming year. Career progression is supported with shadowing and obtaining job-specific certifications. High performing team members can apply to serve as a preceptor to new and transferring team members to develop and improve leadership skills. In 2013, additional managerial and advancement opportunities were created in the Donor Referral, MM, Lab Services, OPC and Recovery departments, which permitted the advancement of team members and provided additional leadership in those departments. In 2015, CORE again added another managerial role specific to supporting the Recovery Department needs, which provided career progression for current Recovery Coordinators. Opportunities for learning and development in clinical skills, such as scholarships with University of Toledo-Human Donation Science, offer team members the opportunity to enhance potential technical capability (V - Education).

**External:** Leadership communicates external opportunities that emerge with other OPOs such as CORE's LINC partners. These positions are generally leadership positions that offer opportunities that currently don't exist within CORE. In addition, leadership positions with customers such as transplant hospitals and partners such as donor hospitals are also communicated. This can strengthen the communication and relationships with CORE's partners and customers and, again, take us closer to our vision by enhancing the donation process.

Career progression for the LT involves a personal succession plan for both immediate and sudden, short-term absence and a planned leadership vacancy, such as retirement or resignation (1.1c(1)). Succession planning may identify several candidates for one leadership position, each having a tailored development plan and timeline connected with their annual performance review planning. Goals are set in the planning and reviewed for performance and achievement.

Volunteers who are asked to be speakers may progress to higher tiers (Bronze, Silver, Gold and Platinum) based upon learning and past performance.

## 6. Operations

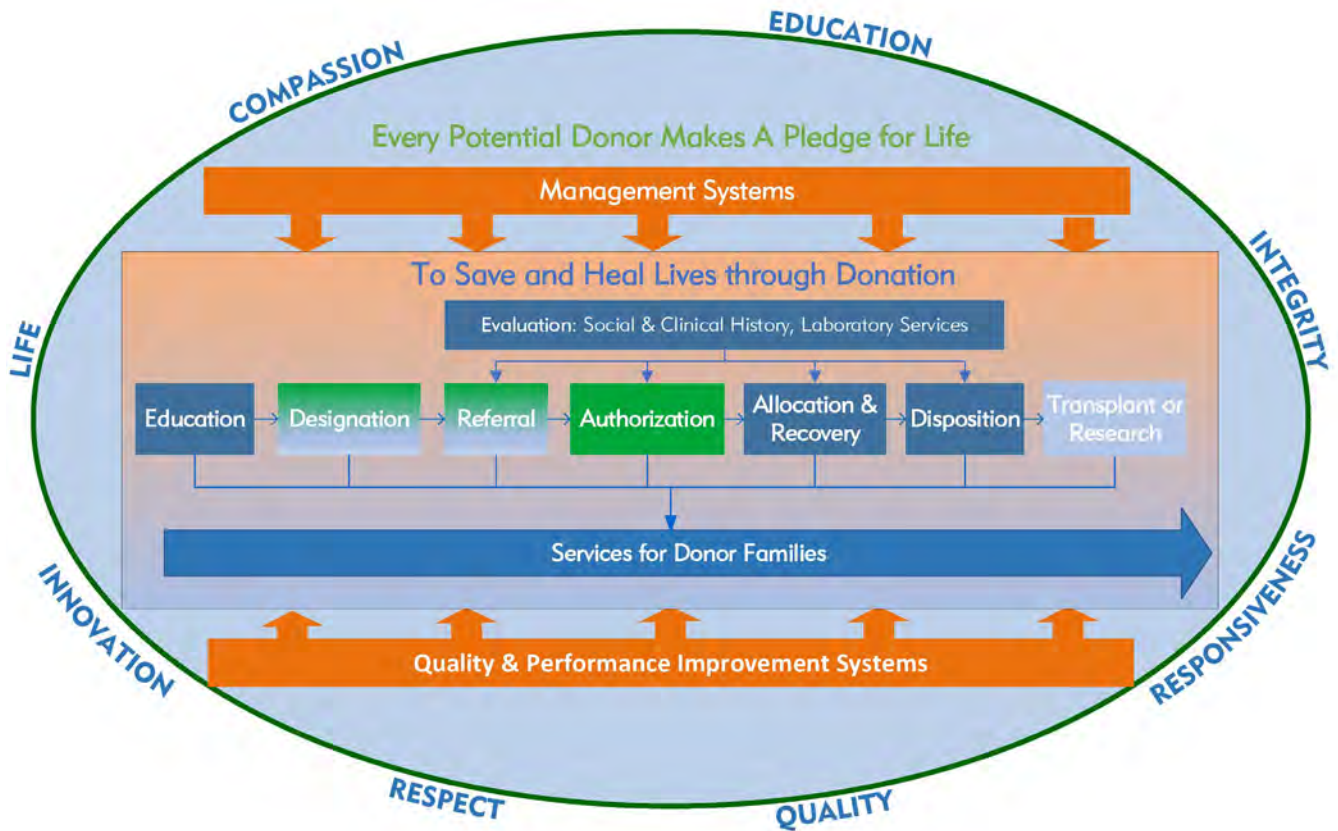
### 6.1 Work Processes

#### 6.1a Product and Process Design

**6.1a(1) Determination of Product and Process Requirements** – Determination of requirements for key service and work processes are set by regulatory codes and accreditation standards, and by collecting key stakeholders' inputs (Fig. 6.1-2). Industry best practices by CORE's partners, collaborators and suppliers are integrated into the KM system and leveraged to both internal and external key processes. Established requirements may also evolve or change through cycles of learning as data is collected and analyzed through VOC (3.1a.1) customer satisfaction surveys and customer complaints.

**6.1a(2) Key Work Processes** – Figure 6.1-1 outlines the Key Work Process System — the Donation Process and the Key

Figure 6.1-1 CORE Business System/Work System



Support Work Systems: Management and Quality Systems. The Donation Process Work System houses CORE’s six key processes: Services for Donor Families, Evaluation, Education, Authorization, Allocation/Recovery and Disposition (CC). Also included in the Donation Process Work System is Designation, Referral and Transplantation, which are vital to accomplishment of the Mission in which CORE influences, but CORE’s stakeholders, partners and customers execute. Donor Designation establishes the intent of the person making the gift and serves as legal authorization for donation. This designation may be made in an advanced directive, living will, state ID card, donor card, driver’s license or Donate Life National Registry. Although designation, or in other terms, 1<sup>st</sup> person-authorization, is an important step in the Donation process, authorization can be obtained through next-of-kin. Referrals are executed by Donor Hospitals who are required to report each death or imminent death to CORE. If there is potential for organ donation, one of CORE’s organ procurement coordinators will come to the hospital to speak with the potential donor’s next-of-kin. When there is potential for tissue donation, the donor referral coordinator will call the potential donor’s family to discuss donation options. One of CORE’s strategic advantages is a strong organ authorization rate (Fig. 7.1-9).

**6.1a(3) Design Concepts** – Services and processes are designed by:

- 1) **Define Opportunity:** Assessing the opportunity and completing business case and charter. The charter includes alignment to SP X-Matrix (Fig. 2.1-2), SMART Goals, scope, project team and capacity needs, timeline, risks, and budget.
- 2) **Collect:** Capturing VOC (Fig. 3.1-1), identifying customer’s expectations and needs, including customer’s (internal or external) capability requirements, and defining variables that are critical to quality (CTQs).
- 3) **Design:** Generating concepts by benchmarking best practices, investigating new technology, leveraging organizational knowledge, evaluating and selecting concepts, and then defining design CTQs.
- 4) **Optimize:** Developing a detailed design, optimizing design robustness for repeatability and reproducibility, evaluating risk and impact, understanding the relationship of inputs to outputs, creating performance measurements, and creating pilot process.
- 5) **Verify:** Running pilot or controlled experiment, evaluating performance, adjusting design as necessary, scaling up design, implementing ADKAR (Fig. 5.1-3) change management process, and institutionalizing.

**6.1b Process Management and Improvement**

**6.1b(1) Process Implementation** – The Donation Process Work systems key processes are monitored with real-time process performance indicators and measurements. LT

members have access to reports and indicators enabling agility to investigate and react to measures below expected performance that have been cascaded from corporate performance expectations and goals (Fig. 4.1-3) driven through SPP that tie directly to customer expectations and requirements (Fig. P.1-6), (Fig. 6.1-2). Clinical performance indicators (Figs. 7.1-3, 4, 14-19) are reviewed during Morning Huddle, where department leaders and team members from across the organization gather to discuss daily activity, including workforce needs (Fig. 7.3-10 & 11), donor activity (Fig. 7.1-1 & 3), complaints (Fig. 7.2-5), emerging issues and opportunities. The ability to view performance on demand provides the LT with the capability to investigate and formulate corrective APs in preparation for Morning Huddle, where short actions or opportunities for longer term projects can be discussed. Corporate performance measurements are validated and published monthly and reviewed during QC. Measurements performing below expectations are investigated and analyzed, and may be entered into CAPA. Standardized monthly department meeting agendas include reviews of department issues, goals and dashboards.

**6.1b(2) Support Processes** – CORE’s Key support work systems — Management Systems (SP, Integrated Systems, Workforce Management) and Quality Systems (Quality & Regulatory Performance, Performance Improvement) — house CORE’s key support processes. These are determined based on the need to support the execution of CORE’s Mission, regulatory and accreditation standards requirements, industry standards, and good business practices (Fig. 6.1-2). Key support processes are necessary to ensure the satisfaction of key customer stakeholder requirements, needs and expectations. LT members responsible for key support processes follow the same methodology in cascading corporate goals to department goals as in key processes. This ensures that each support process meets requirements and supports the goals of the organization. Goals and dashboards are reviewed by Department Leaders and team members during monthly department meetings. Key support process owners attend Morning Huddles to ensure proper support of operational needs are met and anticipate future needs. Issues related to departments not represented at Morning Huddle are communicated either immediately or by meeting minutes published at the conclusion of Morning Huddle.

**6.1b(3) Product and Process Improvement** – CORE’s Performance Improvement System (Fig. P.2-2) is built upon both reactive and proactive means of identifying improvement

opportunities. Inception methods can come from great ideas by the workforce; internal or external best practices; initiatives identified through SPP; reaction to service or processes not performing to expectations or goals; issues or opportunities identified through internal or external audits; misalignments (non-conformances); customer feedback; and complaints (V - Quality, Innovation). Service and process improvements are recorded in the CAPA system or through strategic deployment project/AP reviews. The method or tools used for improvement are selected depending upon the type of issue or opportunity. PDSAs are used to manage less complex ideas for improvement. Process capabilities issues are best solved through Six Sigma DMAIC methods. Efficiency improvement opportunities are best resolved with Lean methods such as Value Stream Mapping, Mistake-proofing and Kaizen events. Discreet issues such as misalignments are resolved through Root Cause Analysis techniques that identify latent organizational weaknesses and failure precursors. Results of these improvement techniques identify the need for better process control (if variation is wide but process is sometimes capable) or innovation (need for step change in technology or methods). In cases where innovation requires design or re-design of processes or systems, the Design Process (Fig. 6.1a(3)) is followed. Successful outcomes are standardized through policies, procedures or protocols. Process changes are communicated through department meetings or electronic workflows using the ADKAR process (Fig. 5.1-3). Several examples of proactive, reactive and improvement tools are AOS.

**6.1c Supply-Network Management**

Suppliers are selected based upon the need of products or services that may be outside of CORE’s own CC, technical capabilities and expertise, workforce C&C, assets, financial availability, and risk. These services or products are chosen with the intention of adding value and enabling execution of the mission. In 2018, as a cycle of improvement, suppliers were formally categorized by the criticality of service or product they provide, i.e., “Critical” and “Non-critical.”

Critical key suppliers are required to go through a due diligence procedure prior to entering into a new relationship or becoming a new supplier. The purpose of the due diligence policy is to ensure that all suppliers meet regulatory, financial and quality standards in order to maintain high performance. Additionally, the potential supplier’s culture must align with the Values. These suppliers generally enter into contracts which include minimal applicable standards. Performance in adherence to the contract is closely monitored. Any exceptions or non-conformances in quality or delivery are identified and

**Figure 6.1-2: Customer Product and Service Requirements**

Method	Donor Families	Transplant Centers	Tissue Processors	Corneal Surgeons
Regulatory/Accreditation	AOPO Guidelines	OPTN, CMS, UNOS	AATB, FDA	EBAA
VOC	Real-time listening, 6- & 13-week calls, Surveys (Fig. 3.1-1)	Surgeon, physician I 2-way communication (Fig. 3.1-1)	Product specifications (Fig. 3.1-1)	Product specifications (Fig. 3.1-1)
Process Improvement	Standardized Procedures	ODST, Vertically Integrated Procurement	Vertically Integrated Procurement	Vertically Integrated Procurement

entered into the CAPA system and a Supplier Corrective Action form (SCAR) is generated and sent to the supplier. The SCAR requires an investigation to determine causes and corrective actions to ensure the issue does not recur. Critical suppliers are reviewed at least annually, where performance is evaluated and communicated.

Non-critical suppliers provide commodity products and services that are not mission critical. Usually, these suppliers are selected based upon a bidding process. Performance is informally measured but not recorded. Non-critical suppliers may or may not enter into a contract for such products or services.

### 6.1d Innovation Management

Opportunities for innovation can come from multiple sources. These can be generated out of SPP or identified as a need to improve processes, systems or services (**V - Innovation, Quality**). Pursuit of opportunities for innovation depends on the impact to the SP, meeting mission performance expectations, and evaluating risk. The risks become intelligent when they are analyzed for impact on the organization and execution of the mission. These considerations include financial, C&C, quality, delivery and customer impact. Analysis methods include Process Failure Modes and Effects Analysis (PFMEA) to understand potential failure modes of the process changes due to the innovation. In 2018, a Surgi-Slush machine was proposed as cost savings innovation to create in-house, on-demand manufacturing of saline ice rather than purchasing pre-made at a substantial cost benefit. The machine was brought in-house to test the methodology. A PFMEA was performed that identified the impact to the workforce and the introduction of precursors that could lead to capacity, quality and delivery issues subsequently impacting the recovery process and the customer. The risk was deemed too high even though CORE would see financial benefit and the project was cancelled.

Strategic projects/APs are proposed as part of the SPP or may be proposed at leadership as opportunities emerge throughout the year. Charters are initiated and proposed with workforce, finance, capital, equipment, market, customer and technology needs. Charters and need requests may be approved, modified or rejected. Progress toward goals and milestones are reviewed monthly and quarterly. Leadership evaluates the impact the current projects/APs and any new proposals will have on the current plan in terms of C&C, risk and achieving the 1-year goals and initiatives via monthly performance-to-plan reviews (2.2a(5)). Projects/APs may be added, modified or replaced with projects/APs addressing the emergent issue or opportunity. Failure to achieve the desired outcomes will lead to a review by SL to determine if the project/AP should be modified or discontinued. In 2018, an innovation project was created to develop the adjacent property purchased in 2017. After months of brainstorming, SWOT, market analysis, ROI analysis, Cost Avoidance from Threats, and Cost Savings/Avoidance Potential, the project was concluded with the recommendation not to pursue development at this time.

## 6.2 Operational Effectiveness

### 6.2a Process Efficiency and Effectiveness

CORE uses a budget variance tool to determine if costs are being controlled and in line with projections. The overall effectiveness is measured by the performance to budget relative to operating expenses and margins. Further, OACs are measured to determine CORE's cost structure compared to other OPOs (*Fig. 7.5-3*). CORE compares favorably with other OPOs and is typically in the lower decile in Kidney Acquisition Charges (a true measure of the cost structure of an OPO). There have been several cycles of improvement in evaluating cost effectiveness and ensuring leaders have the right tools. Leaders have been given access to all costs that are assigned to their departments through a method that allows drill down from account totals to individual voucher details. In another cycle of improvement, a tool was developed in 2018 that gathers all the costs for conferences and seminars that are attended by team members in various departments, allowing for a full evaluation of the cost and ROI on such events.

Overtime is reviewed on a weekly basis at the Morning Huddle. In addition, all purchases require a purchase order be approved first by SL and, ultimately, by the CEO. All unbudgeted purchases require justification.

Organs, tissues and corneas that are recovered and then discarded represent a financial loss. The AOC is contacted on all potential organ donors to review the referral and determine suitability for recovery. The TOC is contacted for all tissue and cornea referrals. Both the AOC and TOC ensure that thorough evaluations are completed to avoid incurring costs for donation activity that does not result in transplantation. In addition, the Morning Huddle process includes a review of all referrals. Determinations are made whether to proceed for cases that will not result in transplantation due to medical history and, if not, whether they are eligible for a research project.

The cost of donation is controlled by transporting donors to CORE's ORs and to the funeral home of the family's choice using contracted livery services. This process eliminates the scheduling challenges and costs of hospital operating rooms. CORE is a leader in the OPO industry (CC) in these innovative cost control measures (*Fig. 7.5-18*).

Cornea recovery and donation is monitored daily through the Morning Huddle process. If there are no transplant cases scheduled, clinical leaders assess the potential to offer the corneas to surgeons outside of CORE's service area to maximize the gift and minimize the cost of recovery of corneas that are not transplanted. In addition, research is considered.

SL receive monthly department budget reports and are required to provide an explanation and plan to the CEO for line items exceeding the budget. Costs are also controlled by monitoring contracts with vendors and group purchasing.

Cycle time is evaluated for those processes in which time factors would impact the donation outcomes or customer satisfaction, such as cornea death to preservation time (*Fig. 7.1-19*), chart release time (*7.1-21*), and Lab Biopsy time (CC) (*7.1-24*). Productivity measures are incorporated into the corporate and department Dashboards. During the SPP, the Risk



Assessment balances the needs of the customers with the costs related to the SP.

The ROI for new projects/APs and services is reviewed during LT meetings to control unnecessary cost to the organization and to ensure fiscal responsibility. The Finance Committee of the BOD reviews monthly financial statements to ensure responsible fiscal spending. The BOD has also directed that CORE's OAC are to be less than industry standard in order to lessen the impact of the rising cost of healthcare.

### 6.2b Security and Cybersecurity

The security and cybersecurity of sensitive or privileged data and information is ensured through the management of electronic and physical systems.

Management of electronic data and information occurs through a layered security approach called "defense in depth." Multiple layers of defense operate independently and provide robust protection from cybersecurity attacks. Security layers include perimeter firewalls and intrusion detection systems; server and workstation firewalls; server and workstation antivirus and anti-malware software; regular security patches for operating systems and applications; data and transport encryption, where appropriate; and a strong password policy. To ensure confidentiality, security is controlled by assigning applicable permissions by role to each of the applications.

Physical data and information are managed by restricting access to the building and to specific locations within its facilities, ensuring confidentiality and only appropriate access as well as maintaining a monitored video surveillance system in Donor Referral, which is staffed 24/7.

To ensure confidentiality, team members, the BOD and the AB sign confidentiality agreements, and receive orientation and annual training on protecting donor confidentiality. This is important to CORE even though OPOs are exempt from HIPAA regulations. To further support confidentiality of data and information, all contracts and statements of agreement with suppliers, partners and customers include a confidentiality statement.

A third-party cybersecurity firm is used to perform bi-annual audits of all on-premise systems and verify effectiveness of cybersecurity approaches through internal and external penetration testing and social engineering testing that seeks to find security vulnerabilities in the technology as well as understand the team's awareness of security. These audits help the organization identify and prioritize information technology systems to secure from cybersecurity attacks. The results of the audits are reported to the LT. These findings are prioritized, and APs to remediate urgent and high-priority items are developed and carried out. During the 2018 AOPO audit, CORE was recognized for the Cyber Security communication and recognized nationally.

To maintain awareness of emerging security and cybersecurity threats, IT staff stays current on potential risks and challenges in the environment through technology publications, trusted product suppliers, and professional associations such as Infragard and SANS. The Center for

Internet Security's Critical Security Controls are followed as well by AOPO, FDA and other regulatory bodies. AOPO IT Council also provides key updates to OPOs for trends in cybersecurity through IT Council meeting content and discussions, and broadcast announcements.

All IT team members are required to be signed up for the IT Council emails to ensure they are receiving all updates. To maintain personal awareness, all team members are trained annually through a program developed by IT. Team members complete bi-annual training to reinforce the organization's policies on internet usage and computer security. Monthly, the CIO sends emails to team members on topics designed to help them think personally and professionally about best practices in security and technology.

Symantec End Point protection and Meraki Intrusion Detection are used to detect potential cybersecurity breaches. These systems provide alerts to the IT department, for example, when there are attempts of malware injection or multiple failed logins. These alerts are also sent to a third-party managed services vendor who is staffed 24/7 to determine the risk and nature of the breach. In the event of a malware or virus infection, IT Members evaluate the infection to determine if it should be quarantined from the network to prevent spread of the infection, and passwords for any systems involved in the breach are immediately changed. To recover from cybersecurity breaches, IT uses various remediation tools to clean the affected device. When needed, data is restored from backups to return to the pre-breach state. The device is not reconnected to the network until its complete remediation has been assured.

### 6.2c Safety and Emergency Preparedness

**6.2c(1) Safety** – A safe operating environment is provided through a proactive approach that involves training each new employee during orientation and annually thereafter. Safety training covers ergonomics, blood-borne pathogens, exposure control, chemical and electrical safety, the Emergency Management Plan, and injury/illness prevention. Team members are encouraged to speak up if any safety related issues are identified. Any team member can request a STTOP call if concerned about safety. The issue will be reviewed by multiple levels of team members and the potential safety risk will be reviewed and agreeable actions taken. This is a blame-free process and encouraged at all levels (V - Integrity).

Following an evaluation of injury trends and discussions with Tissue Recovery Coordinators, new hydraulic morgue carts were purchased in 2017 to eliminate the injuries that had been occurring from use of the older carts (V - Quality, Respect).

A Safety Committee, certified by the PA Bureau of Workers Compensation, has been in place for 10 years. The Safety Committee is a cross-function team that represents the diversity of the CORE workforce. Members have various backgrounds, certifications and skillsets that include IT/BCP, clinical, RCA, EMT, First Responder, HR/OSHA, and Certified Firefighter and Paramedic. This interdepartmental committee is responsible for helping to ensure a safe working environment. The Safety Committee meets monthly to discuss injury

reporting and trending, correction and prevention planning, equipment audits and inspection reports, and plan safety related education opportunities. The committee also performs monthly walkthroughs to identify potential safety hazards. Safety walkthroughs utilize different members of the committee on a rotating basis to add diversity in perspective and include clinical and non-clinical areas.

When a hazard or injury is reported, the Safety Officer investigates the issue and brings the findings to the Safety Committee. Safety Committee recommendations are discussed and approved at LT meetings. Through training and the efforts of the Safety Committee, reported injuries have steadily declined since 2010 (*Fig. 7.3-23-24*). In the event of an injury or incident, team members are required to file a detailed incident report to HR before the end of the day. Once HR receives the completed form, it is distributed to the immediate supervisor and the CEO prior to review by the Safety Committee.

If an investigation is required, the goal is to determine the cause of the injury or incident. This is accomplished by interviewing the team member and/or evaluating the scene of the injury/incident. The team member is asked for their opinion of how the accident could have been prevented. This input and the results of the investigation are presented to the Safety Committee for root cause analysis and recommendations.

The Safety Committee educates team members about safe practices at monthly Team Huddle through presentations by outside sources and through the ideas and recommendations of the Safety Committee.

The documentation of accidents and incidents is collected in a quarterly report that is reviewed during QC. The report is also used to help determine injury trends, causes and prevention. Team members are rewarded with casual-dress days for being safety conscious when no accidents are reported during the previous month.

The safe transportation of team members, surgeons and organs is critical. SL has decided to only use air charter services with the highest levels of safety certifications. In addition, recovery team members are provided with a driving service when ground transportation exceeds three hours or when deemed necessary by the AOC. All safety policies, procedures and training align with federal, state and local requirements.

Clinical teams often work long hours. Sleep rooms are available at the CORE office for the team members' use, and clinical team members working off-site are encouraged to stay in hotels when working long shifts. During the initial stages of the creation of a disaster plan, SLs identified a gap in emergency information. As a result, a TV screen was mounted in the break room to provide a continuous feed of weather and other related information to ensure that team members are always aware of the latest issues that may affect health and safety.

**6.2c(2) Business Continuity** – In 2009, the first hazard vulnerability analysis was completed to determine the areas of greatest risk and established an Emergency Management Plan which described the steps that must be taken to continue critical

operations during an emergency. The plan is reviewed and updated annually. In a 2014 improvement, a comprehensive Business Continuity Plan (BCP) was created, which includes partnering with another OPO. A brainstorming session was held with select SL of both OPOs to prioritize key risk areas and to consider risks to each organization. Monthly conference calls were facilitated until the plan was completed. Arrangements were made with other organizations and OPOs to take referrals, continue lab services, provide sterilization and supplies, process corneas, and recruit additional procurement team members to support the Value of Responsiveness, even during an emergency. CORE servers and the donor electronic record is replicated and maintained at an off-site location to ensure access during an emergency. In addition, CORE shares some resources (Laboratory Medical Dir., Eye Bank Dir.) with a partner OPO.

CMS regulation required all OPO's to have a disaster plan with their transplant hospitals. "Transplant Center Agreements" have been created between CORE and all of the transplant centers that defines transplant centers' responsibilities and obligations, CORE's responsibilities and obligations, communication and media collaboration, insurance, term and termination, and Emergency Preparedness Protocol. A local transplant hospital engaged this protocol when their operating rooms were shut down due to mold found in the Intensive Care Unit. Donors were moved to CORE facilities.

In the event of an emergency, the AOC or the highest-level on-site team member functions as the Emergency Plan Coordinator. The Coordinator contacts the CEO for authorization to implement the Emergency Management Plan. At the discretion of the CEO or a designated SL representative, an emergency telephone tree is activated. A STTOP call may be used to provide instructions to the LT members. All leaders are expected to be available to aid as instructed by the CEO or designated person in charge. An in-depth review was completed in 2018 for all areas. Contacts are updated monthly to ensure that CORE has the most current information. Any new areas identified as potential risk are added to the plan as they are identified.

Checklists have been established to guide team members on actions to take in the event of an emergency and to ensure continuity of services to CORE's customers.

Emergency drills are conducted at least annually to make certain that team members are familiar with the BCP, evacuation plans for fires or natural disasters, and workplace violence scenarios. The comprehensive BCP is evaluated at least annually. During the 2018 AOPO reaccreditation survey, the inspectors noted the BCP as being a "best practice." In addition, several other OPOs have contacted CORE for guidance on creating their BCP, and CORE leaders have been asked to educate at conferences on the BCP.

## 7. Results

Overall comparative data for Category 7 links to the process 4.1a2. Primary comparative data source is CORE's LINC Partnership, two other OPOs — both of whom have received the MBNQA and are considered national best in class within the OPO industry.

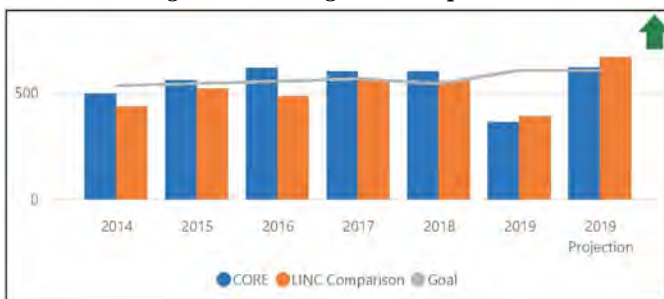
### 7.1 Product and Process Results

**Figure 7.1-1: Organ Donors**



Fig. 7.1-1, CORE continues to increase the number of organs recovered for transplant. Comparisons are irrelevant due to the variation in eligible deaths across the country reflective of age, co-morbidities, diagnosis and cause of death. However, CORE does monitor LINC partner performance to ensure that the organization is maximizing donation. Fig. 7.1-2, CORE has experienced a steady increase in organs transplanted for the past five years. However, CORE did experience a spike in young organ donors in 2016 and 2017 due to the Opioid Crisis.

**Figure 7.1-2: Organs Transplanted**

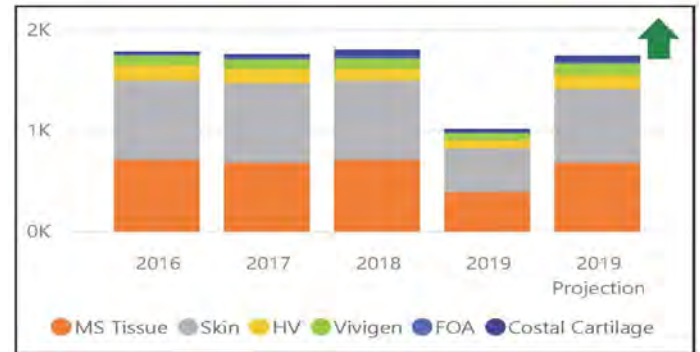


**Figure 7.1-3: Tissue Donors**



Fig. 7.1-3 & 7.1-4, Tissue transplants are considered life-enhancing and an elective surgical procedure. Tissue recovery is governed by tissue processors and AATB criteria. Comparative data is not relevant, as tissue volume is assigned by the tissue processor based on the size of the DSA. The downward trend in MS donor activity is due to more stringent screening criteria changes from CORE's processor. Although, actual volume of tissue for customer has remained flat.

**Figure 7.1-4: Tissue Volume by Segmented Type**



**Figure 7.1-5: Cornea % Transplanted**



Fig. 7.1-5, Currently, in the cornea market, there are two corneas recovered for every surgery performed. CORE made a strategic decision to decrease the number of overall corneas procured, to limit the cost of recovery, and focus on high-quality corneas that could be placed in the Domestic market for CORE's full-fee reimbursement. This allowed for increases in overall transplant rate, met the needs of Local Surgeons and ensures that CORE honors the gift of donation.

**Figure 7.1-6: Research Organs**

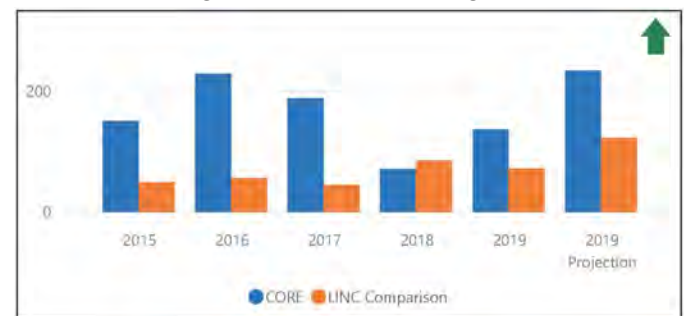
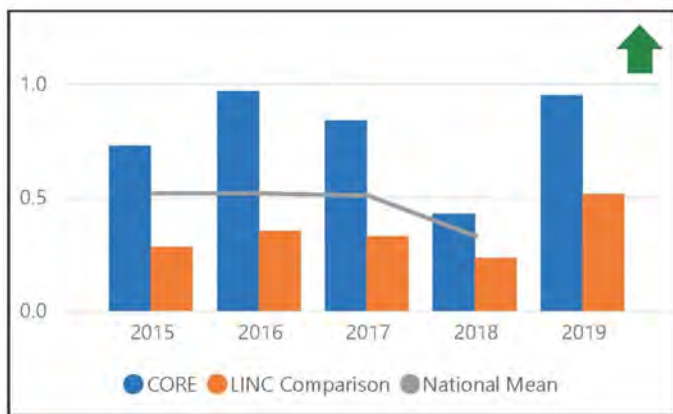


Fig. 7.1-6 & 7, Research is a secondary focus but helps CORE support innovation in the OPO industry. Research demand has dropped due to the completion of some long-term studies initiated in 2015 and concluded in 2017. CORE has 2019 Strategic Projects/APs to find alternative revenue sources for research. CORE continues to be a leader in research organs. Figure 7.1-7 defines the services provided or offered by CORE to each donor family.

**Figure 7.1-7: Organs for Research Per Donor**

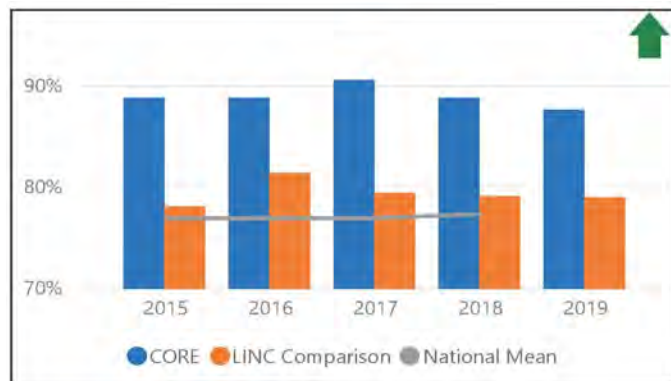


**Figure 7.1-8: Services for Donor Families**

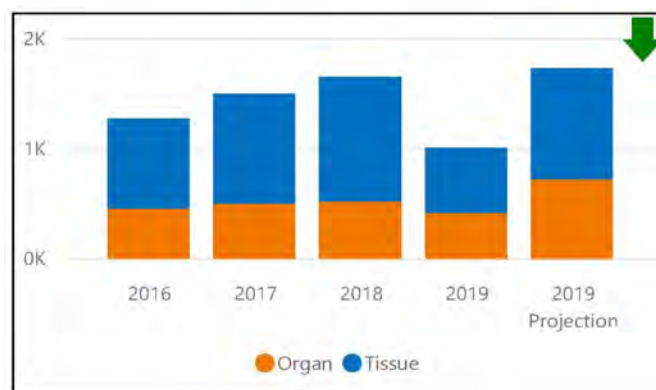
Services for Donor Families		Measure			
Service Type	Service	2016	2017	2018	2019
CORE Provided	13 Month Bereavement Program	100%	100%	100%	100%
CORE Provided	Memorial Cards	100%	100%	100%	100%
CORE Provided	Grief Programs	100%	100%	100%	100%
CORE Provided	On-Site Grief Support	100%	100%	100%	100%
Donor Family Participation	Special Place	47%	41%	46%	59%
Donor Family Participation	Correspondence /Recipients	22%	27%	22%	16%
Donor Family Participation	Direct Communication	9%	8%	8%	8%
Donor Family Participation	Contributions	13%	14%	12%	14%
Donor Family Participation	Volunteering	10%	11%	12%	3%

Fig. 7.1-9 & 7.1-12, Conversion is driven by Authorizations and remains a SA (P.2b). CMS certifies OPOs and all must sustain a conversion rate no lower than one standard deviation below the national mean. Organ Conversion Rate is the percent of authorized donors obtained through first person or next-of-kin consent. The data is provided quarterly using a rolling 3-year cycle. CORE remains in the top decile (2<sup>nd</sup> nationally) from 2014 to present.

**Figure 7.1-9: Organ Conversion/Authorization Rate**



**Figure 7.1-10: Donor Hospital Process Breakdowns**



**Figure 7.1-11: Organ Process Breakdown by Type**

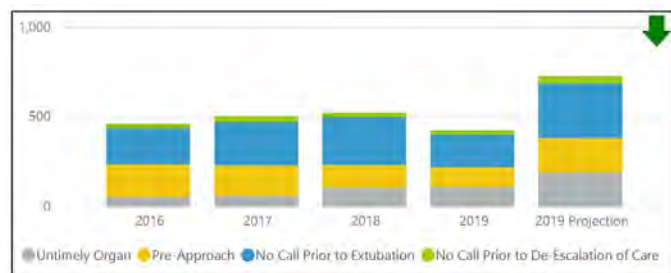
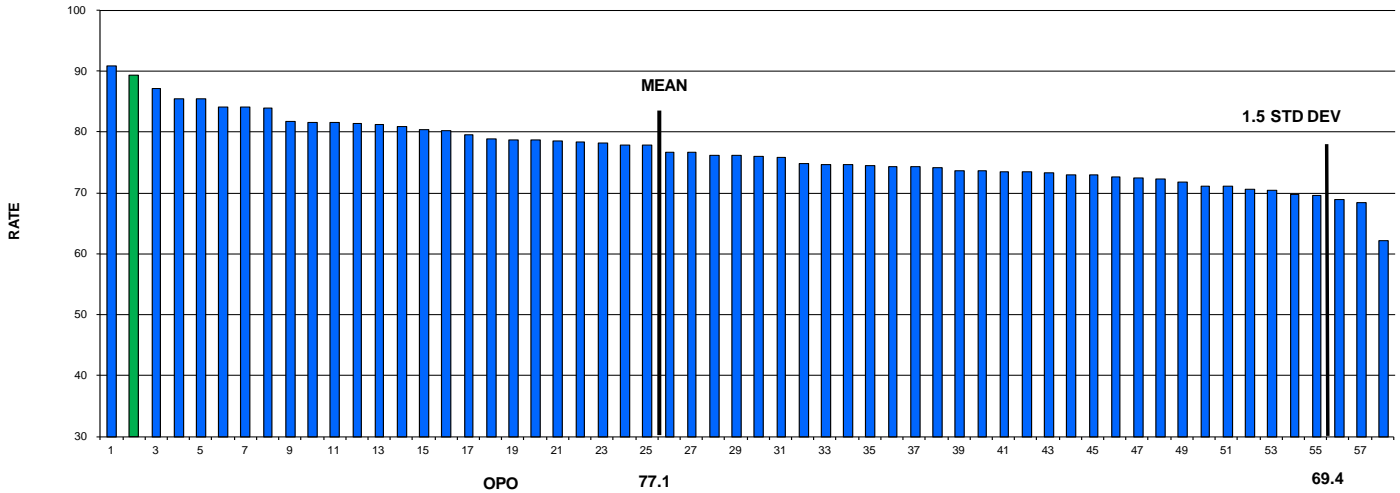


Fig. 7.1-10 & 11, Process Breakdowns are deviations to procedures for referrals as agreed by CORE’s Donor Hospitals. In 2017, in an effort to improve Donor Hospital Education and increase Organ Referrals, PSLs began to perform monthly Death Record Audits. As unreported referrals were found, HD anticipated an increased count of process breakdowns that were previously not discovered or counted. This led to opportunities to increase Organ Donors and Organs Transplanted (Figs. 7.1-1 & 2) through targeted education of hospital personnel despite absence of Opioid fatality anomaly seen in 2016 and 2017. Comparative data to other OPOs is invalid due to variation in DSAs and volume in referrals. Attempts at normalization were made by number of referrals but proved to be invalid because Process Breakdowns at CORE include referrals that were never reported but were discovered by Death Record Audits.

**Figure 7.1-12: CMS and Collaborative Conversion Rate\*  
For All OPOs for All 2015, 2016 and 2017 CMS Measure One**



\*CMS and HRSA Collaborative both use the methodology of adding all DCD donors and all donors over age 70 to both the numerator and denominator when calculating the conversion rate.

**Figure 7.1-13: Tissue Process Breakdowns by Type**

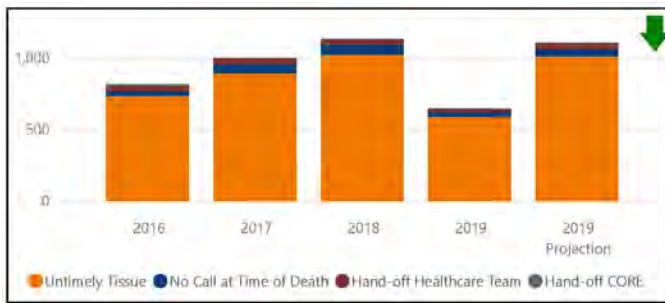


Fig. 7.1-13, Tissue Process Breakdowns have shown a steady increase in the number counted due to discovery primarily of referrals not occurring within 60 minutes (CMS Requirement). Although these referrals occur, through Death Record Audits implemented in 2017, PSLs found that a number were not reported within the 60-minute requirement but a short time period after. This delay had minimal impact on recovery of tissue and has not shown any loss in recovery of tissue.

**Figure 7.1-14: Tissue Authorization Rate**

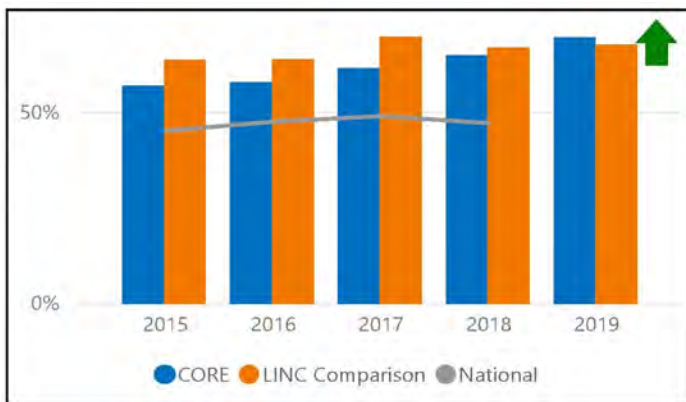


Fig. 7.1-14, Tissue authorization rate is the standardized data collected by AOPO and provided monthly. Authorization includes all authorized donors even if they were found to be not medically eligible for tissue donation.

**Figure 7.1-15: Hearts Transplanted Observed to Expected**

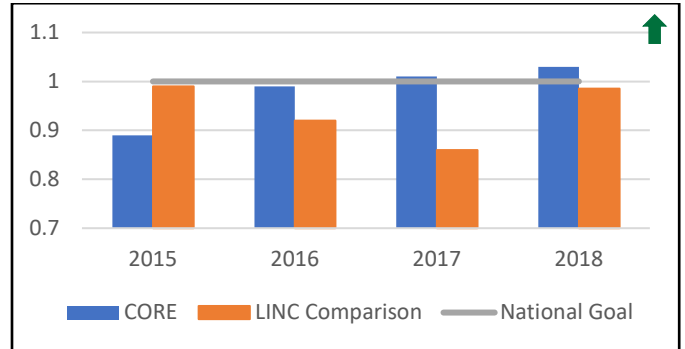
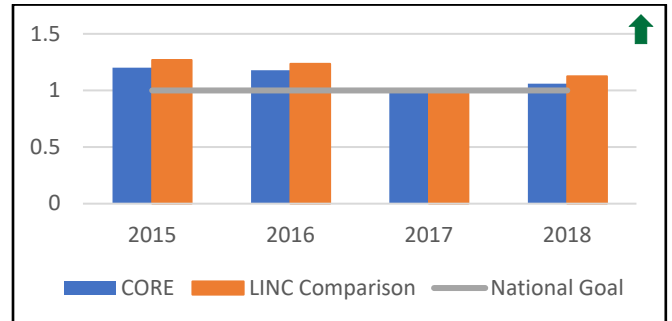
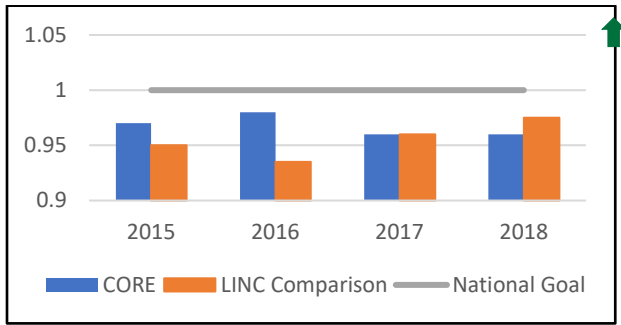


Fig. 7.1-15 thru 7.1-18, OPOs are evaluated based on the number of organs transplanted (observed) versus the number expected to be transplanted. Data is provided two times per year and is based on a rolling two-year average. Upward trends in organs transplanted has been achieved utilizing the in-house ORs to optimize the recovery process (CC).3

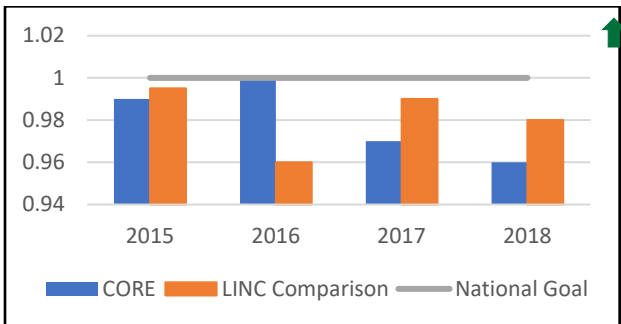
**Figure 7.1-16: Lungs Transplanted Observed to Expected**



**Figure 7.1-17: Livers Transplanted Observed to Expected**



**Figure 7.1-18: Kidneys Transplanted Observed to Expected**



**Figure 7.1-19: Death to Preservation Cycle Time (Days)**

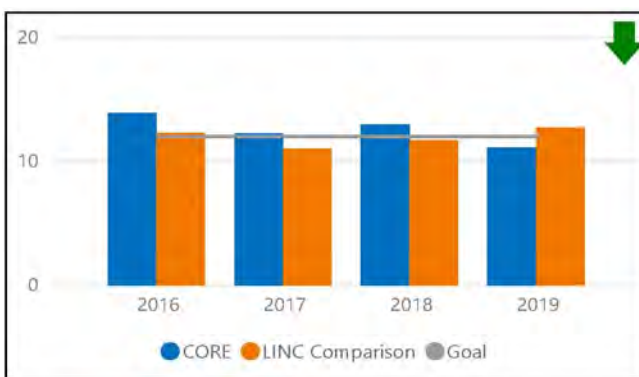


Fig. 7.1-19, Death to Preservation measures the evaluation and recovery process interval between the donor's death and the time the donor corneas are placed in a preservation medium.

**Figure 7.1-20: DDR AOPPO Compliance Cycle Time**

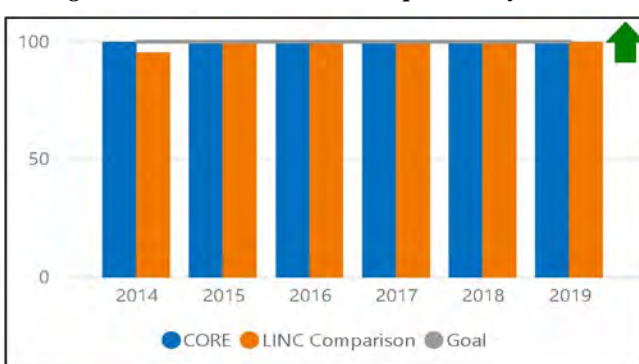


Fig. 7.1-20, Donation Death Record (DDR) is the electronic document required by UNOS. This document must be validated by the OPO as accurate within 30 days following organ donor death. DDR cycle time data is AOS.

**Figure 7.1-21: Tissue Chart Cycle Time (Days)**



Fig. 7.1-21, Chart cycle time is the amount of time it takes to get a completed tissue chart approved by the tissue processors. CORE's Tissue Processor Customers expect to receive the chart within 30 days of the donation. Tissue cannot be released for transplant without complete documentation. LINC Tissue Processor Customers may have different requirements.

**Figure 7.1-22: Lab Error Rate**

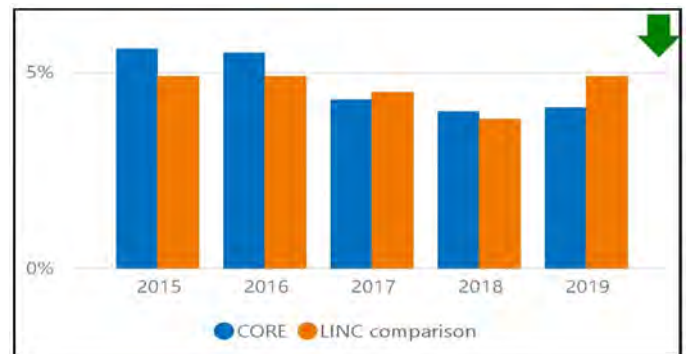


Fig. 7.1-22 & 23, Infectious disease testing is required to provide safe transplants for recipients. CORE consistently produces accurate and timely results. Error rate is based upon analytical errors that occur during the testing process. CORE does additional testing for six other OPOs.

**Figure 7.1-23: Minutes to Produce STAT Lab Results Cycle Time**



**Figure 7.1-24: Lab Biopsy Turnaround Time Cycle (Minutes)**

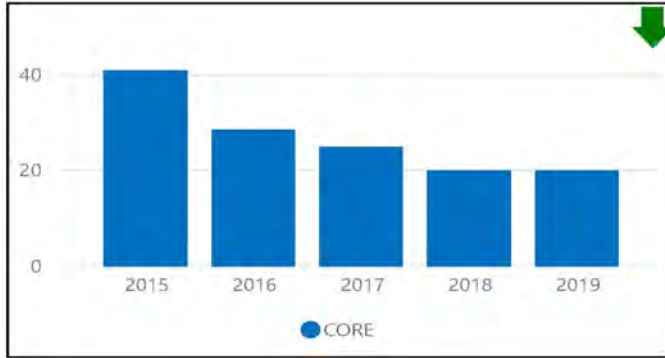


Fig. 7.1-24, Lab Biopsy Turnaround Time is a process measure for a critical service for CORE and other OPOs that use CORE’s Lab services.

**Figure 7.1-25: Critical Clinical Systems Uptime**

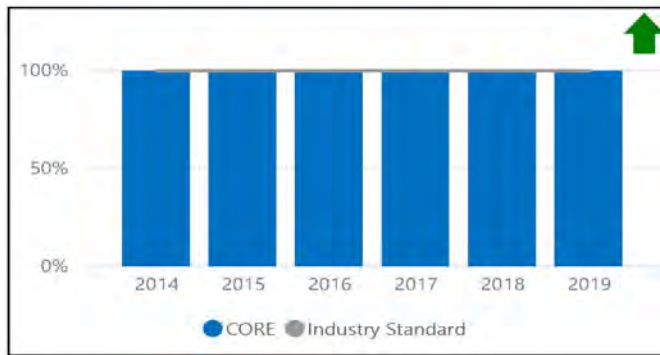


Fig. 7.1-25, team members require 24/7 access to critical clinical information. Unavailability of IT systems can negatively impact the recovery process. Infrastructure uptime for 2017 was 100% for CORE’s 11 key IT infrastructure systems.

**Figure 7.1-26: Designation Rate**

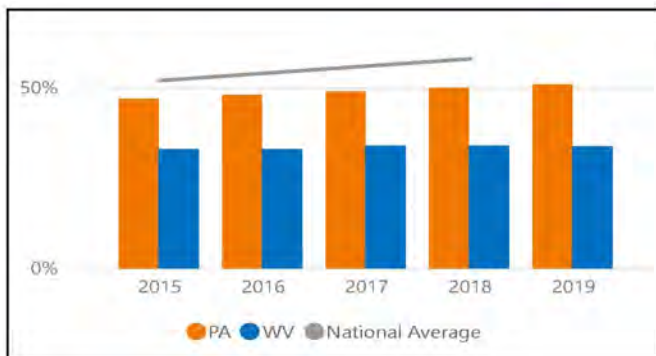


Fig. 7.1-26, Designation Rate comparisons are provided by state. CORE’s DSA is comprised of 51 of 67 counties in PA and 49 of 55 counties in WV. Designation Rate is a “Pre-authorization” for organ donation that was established by the donor. Authorization can be obtained by next of kin in cases of non-designation. CORE continues to drive high organ conversions (7.1-9) due to its high authorization rate.

**Figure 7.1-27: % Non-Designated by Race**

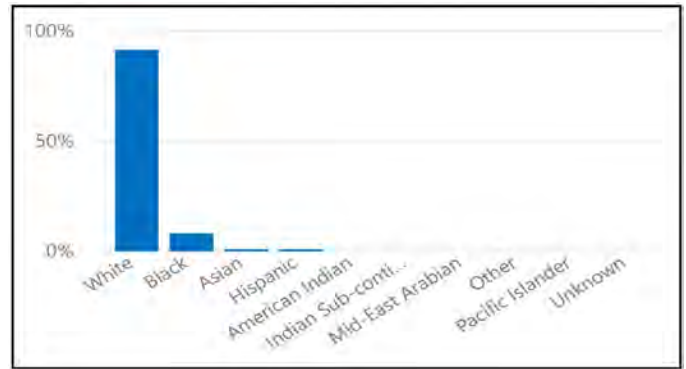
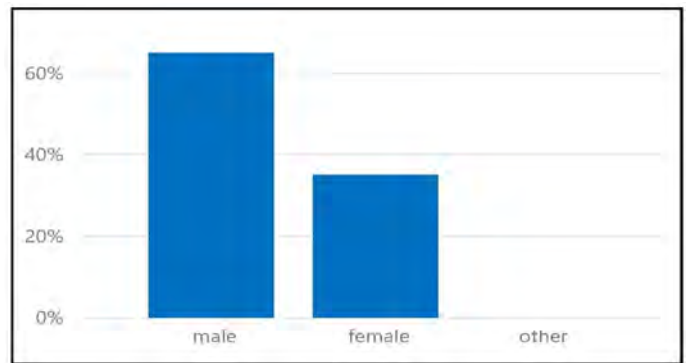
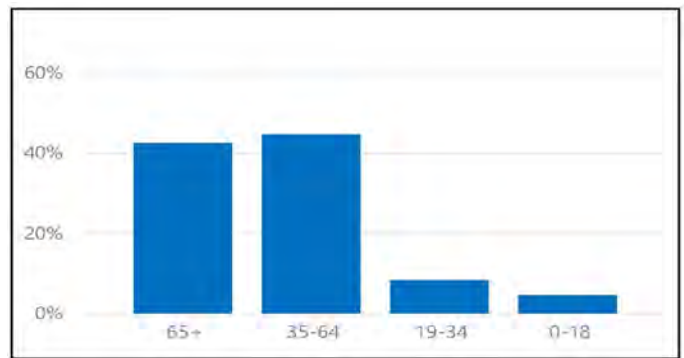


Fig. 7.1-27 thru 7.1-29, Non-Designated Segments analysis determined that CORE’s target for campaigns is White Males over 35 years old.

**Figure 7.1-28: % Non-Designated by Gender**



**Figure 7.1-29: % Non-Designated by Age**



**Figure 7.1-30: Accuracy of UNOS Match List**

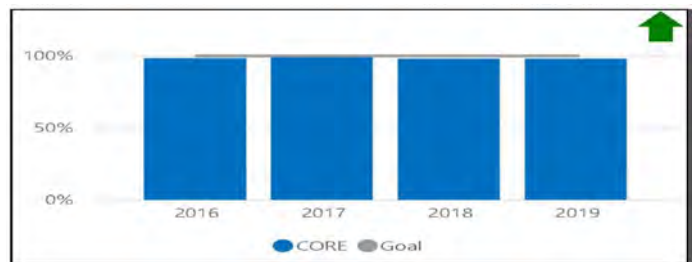


Fig. 7.1-30 describes the percentage of organ donors when UNOS lists had to be run again due to a documentation error.

**Figure 7.1-31: % Corneas Discarded**

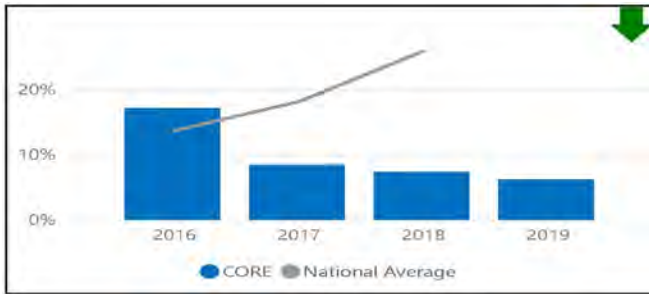


Fig. 7.1-31, CORE leadership made a strategic decision to decrease the number of overall corneas procured and focus on high-quality corneas that could be placed in the domestic market, allowing CORE to ensure the quality desired and higher reimbursement. This decision allowed CORE to increase our overall cornea transplant rate while still meeting the needs of local surgeons and honoring the gift of donation.

**Figure 7.1-32: Required Regulatory Audit Findings**

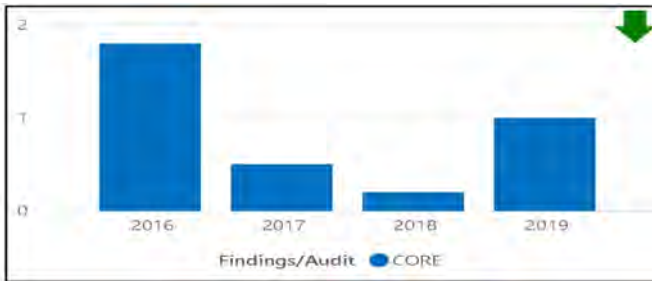


Fig. 7.1-32, Required regulatory audits are generally on multiple cycles depending upon the agency. Audits may be annual, bi-annual or once every three years to maintain compliance/registration. Decreases are due to improvements in the internal audit process, surveillance and the contracting of a consultant in 2018 to perform unbiased assessments along with mock audits by CORE’s LINC partner.

**Figure 7.1-33: Dashboard Goals Met**



Fig. 7.1-33, Progress on achieving SO and projects/APs is tracked on corporate and department dashboards, and at monthly project reviews at Leadership meetings. The 2018 Corporate Dashboard was built upon three pillars: Sustainability, Operational Excellence and Innovation. 2019 added a new pillar, “Customer.” There were 12 different metrics and goals defined for each pillar. Only one goal was not met or exceeded in 2018.

**Figure 7.1-34: Innovation Projects**

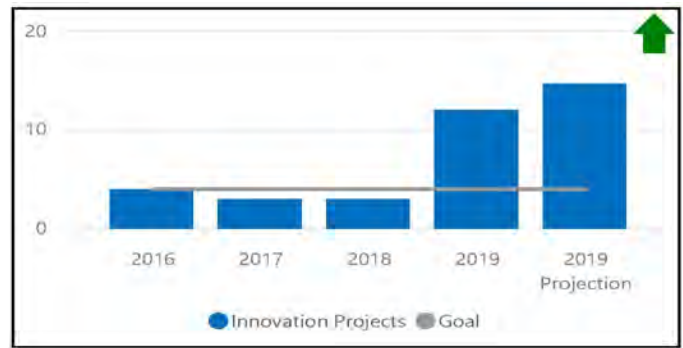


Fig. 7.1-34, As part of the SPP, SL previously would determine four Innovation Projects to focus on and include in the Corporate Dashboard. In 2018, through a cycle of improvement, the Hoshin Kanri process was implemented and innovative projects are now intermixed with all strategic projects.

**Figure 7.1-35: DRAI Acquisition Rate**

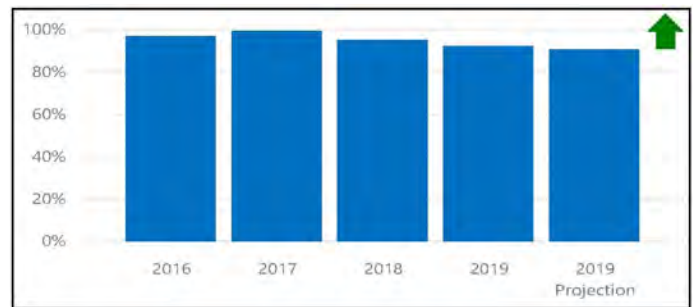


Fig. 7.1-35, DRAI Acquisition Rate is the ability to obtain Social and Medical history for an authorized donor. Inability to obtain social and medical history is due to 1st Person refusal (refusal by NOK) to provide social and medical history or the inability to contact NOK. In a cycle of improvement, CORE instituted a program to text NOK after two failed phone contact attempts.

**Figure 7.1-36: Cornea Transplants by Type**



Fig. 7.1-36, CORE is committed to providing top quality corneal tissue to local surgeons. The organization has invested a significant amount of time and resources into both developing techniques to pre-process tissue and strengthen relationships with other eye banks who process tissue. This has allowed CORE to meet the increasing demand of pre-processed tissue without adding to the staffing costs and maintain a strong local surgeon base.



**Figure 7.1-37: Tissue Error Rate**

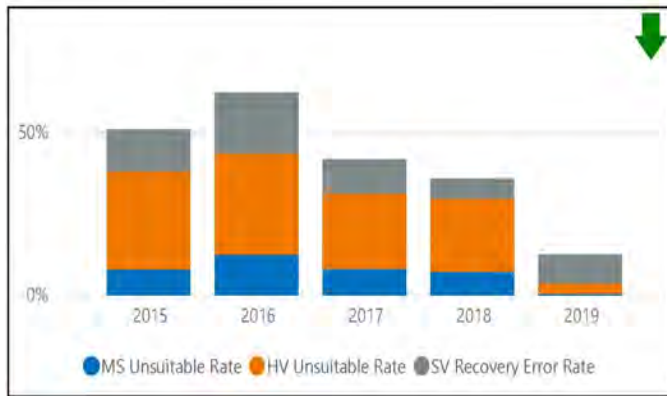


Fig. 7.1-37, CORE continues to take strides to be a high-performing tissue partner. CORE recognized that to continue to improve recovery performance, collaboration with their customer, Life Net Health, to create an ongoing annual Wet Lab training in addition to monthly trainings would be beneficial. Results from 2015 through 2018 demonstrate continuous quality improvement. CORE’s overall ranking as a tissue supplier has steadily increased since 2015 and is currently ranked #1 of 21 suppliers.

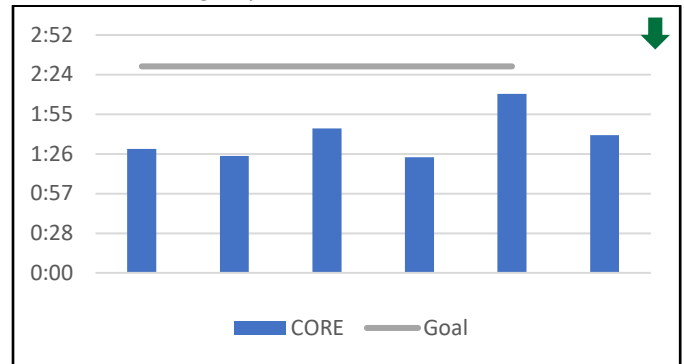
**Figure 7.1-38: Non-Hospital Referrals**



Fig. 7.1-38, Referrals from ME and coroners continues to increase.

Fig. 7.1-39, Prior to 2018, emergency drills goals were measured in terms of workforce exiting the building. As a cycle of improvement in 2018, with the addition of a new “Globally Certified Firefighter I” Safety Officer, emergency drills added verification of building clearance in four quadrants. The goal of < 2.5 min. is now measured in terms of communication that all four quadrants are cleared by all personnel. A measurable improvement of 50 sec. is shown from March to September in 2018, once the improved method had been established.

**Figure 7.1-39: Minutes to Exit the Building During Emergency Drills – Goal 2:30 or Less**



**Figure 7.1-40: Safety Rounds With Issues**

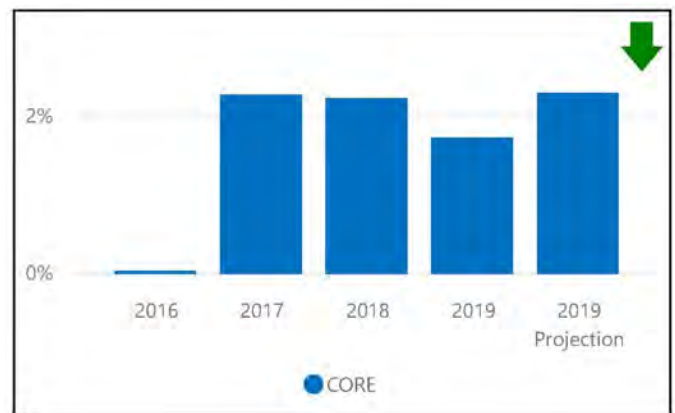


Fig. 7.1-40, CORE safety rounds consist of checking 146 items from equipment to ceiling tiles to furniture. The percentage of items checked for that year that required some sort of intervention or repair are shown in Fig. 7.1-40. Through the encouragement of proactive reporting and quick response by CORE’s Safety Committee, CORE has been able to decrease the number of items identified for correction during routine safety rounds.

**Figure 7.1-41: Supplies Received**

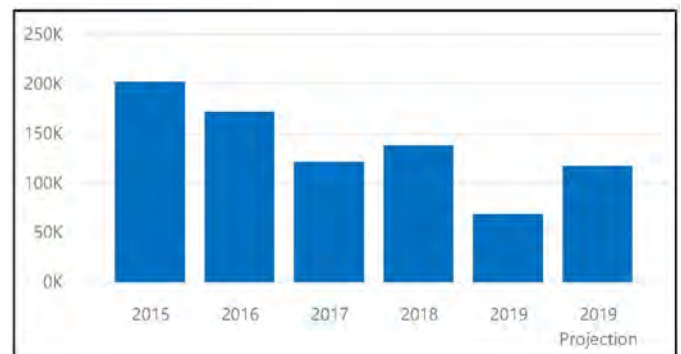


Fig. 7.1-41 shows modified inventory of items to define critical supplies and modified process to match required supplies.

**Figure 7.1-42: Supply Discards**

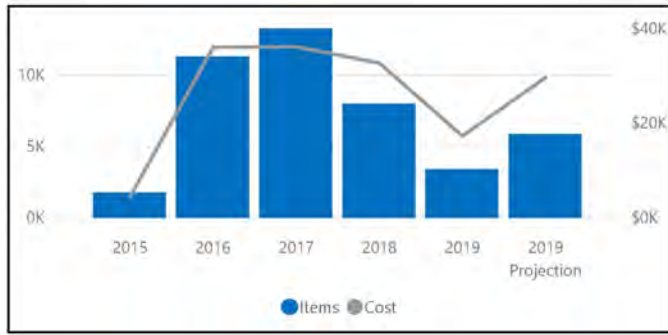
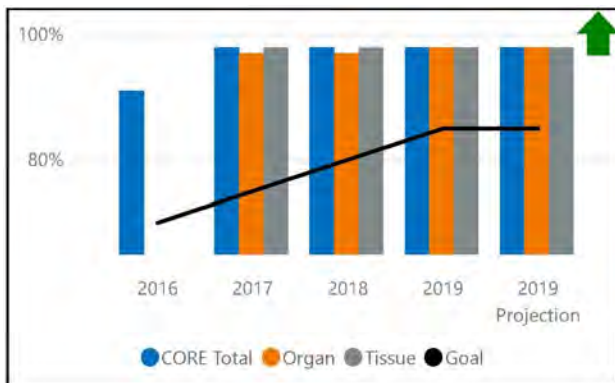


Fig. 7.1-42, The 2019 MM dashboard is used to monitor and reduce the cost of discards by 15%. From 2015 to 2017, CORE saw significant process maturity for utilizing automation and inventory reconciliation. Utilization of BTM was standardized throughout all of CORE.

**7.2 Customer Results**

Fig. 7.2-1, In 2014, CORE’s Donor Family Liaison began calling donor families six weeks post donation to measure satisfaction. In 2015, CORE contracted with RPG to survey satisfaction every three years. CORE saw improved results with the 2015 survey. During off years, the Donor Family Liaison continues to call donor families to gather feedback and assess satisfaction. CORE began to segment this satisfaction data by organ and tissue donor family in 2017.

**Figure 7.2-1: Donor Family Satisfaction (Internal Pulse Survey)**



**Figure 7.2-2: Transplant Center Satisfaction**

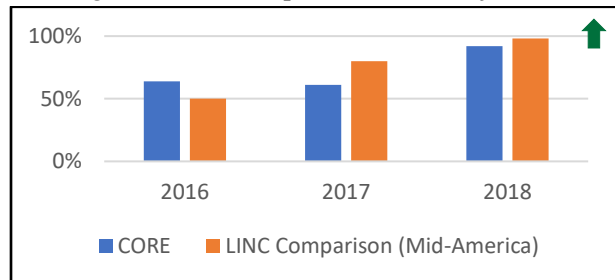


Fig. 7.2-2, CORE conducted self-administered satisfaction surveys specific to Transplant Centers in conjunction with LINC. The increase in Transplant Center Satisfaction from

2017 to 2018 is a result of focusing on a writing program and the Transplant Symposium in 2018.

**Figure 7.2-3: Tissue Processor Satisfaction**

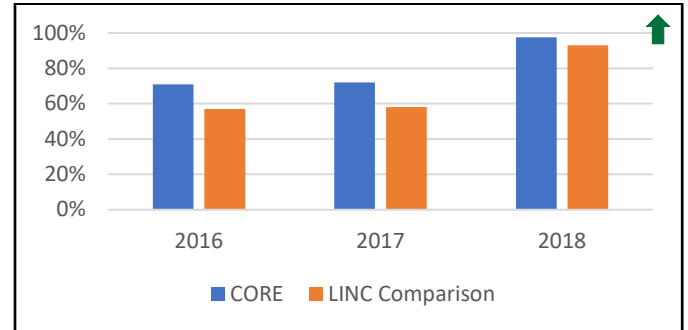


Fig. 7.2-3, Increase in Tissue Processor Satisfaction is a result of increased meetings between leadership of both organizations, increased trainings, and the Tissue Summit held at CORE in 2018. CORE greatly increased satisfaction and is the leader among comparison groups.

**Figure 7.2-4: Corneal Transplant Surgeon Overall Satisfaction**

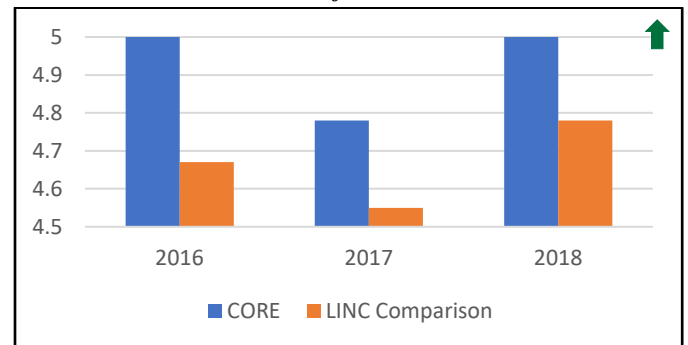


Fig. 7.2-4, The first corneal transplant satisfaction survey was conducted in 2014 and repeated annually thereafter. One other OPO Eye Bank provides comparative data. Because of the low response rate, the Eye Bank Dir. initiated a quarterly meeting in 2017 to improve surgeon engagement.

**Figure 7.2-5: Customer Complaints (Segmented)**

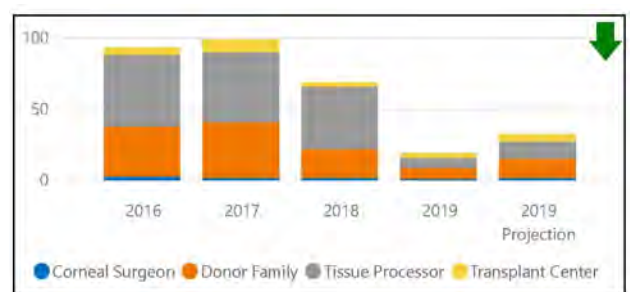


Fig. 7.2-5, The complaint management process measures customer dissatisfaction. Complaints are segmented by customer group and complaint type. Communication is the primary issue identified. Clinical departments review complaint trends, and clinical Leadership works with individual team members to improve communication. Additional complaint data is AOS.

**Figure 7.2-6: Transplant Center Engagement**

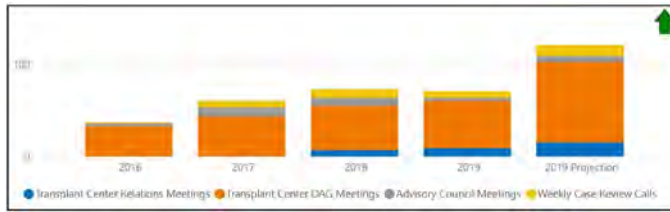


Fig. 7.2-6, Transplant Center Engagement is measured in terms of action items (CORE or TC) generated as a result of communication during meetings, calls and council participation. These action items are based upon historical performance and drive the MVV.

**Figure 7.2-7: Tissue Processor Engagement**



Fig. 7.2-7, Tissue processor engagement is measured in terms of action items (CORE or TP) generated as a result of communication during customer site visits, customer-led training and conferences. These action items are based upon performance and help drive the MVV.

**Figure 7.2-8: Donor Family Engagement**

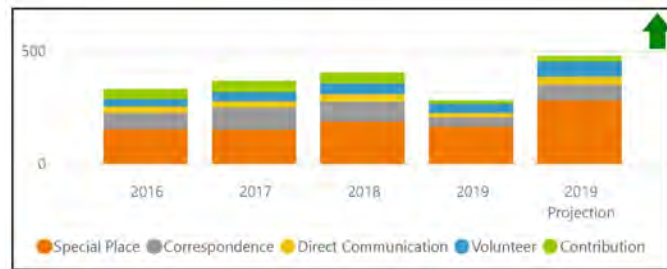


Fig. 7.2-8, Donor Families are invited to engage in several activities sponsored by CORE: Special Place, Correspondence, Direct Communication, Contribution and Volunteering.

### 7.3 Workforce Results

Fig. 7.3-1, team members are encouraged, but not required, to achieve relevant certifications. 100% of new staff complete a six-month, position-specific orientation. Clinical team members are required by accreditation bodies to have annual competency reviews. CORE maintains 100% compliance. CORE team members are reviewed annually based on their demonstration of the CORE values and specific competencies of their position (Fig. 7.3-1). In 2017, CORE experienced higher than usual turnover in a couple of areas resulting in lower competency scored by newer staff. This was expected, with an immediate rebound in the 2018 score after completion of training.

**Figure 7.3-1: Workforce Competency Review Scores**

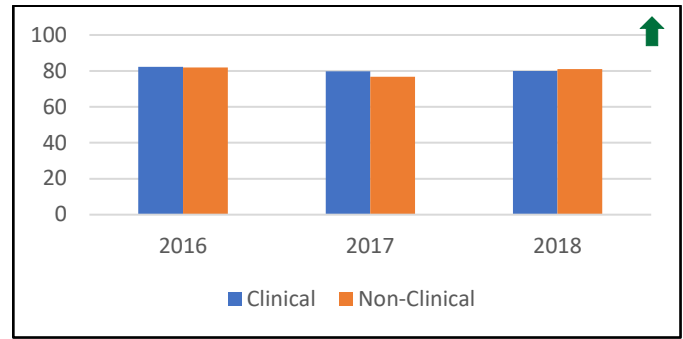


Fig. 7.3-2, The CORE LT is reviewed annually in five key areas. Performance related to these areas shows continued increase and above average performance. The CORE leadership process is largely a self-assessment tool which starts with a score of “3” reflecting “meets expectations.” Leaders are expected to be able to demonstrate justification for any score higher than 3. Based on CORE high expectations for leadership and a culture of excellence, a score greater than 3 is considered “high performing.”

**Figure 7.3-2: Leadership Performance Ratings**

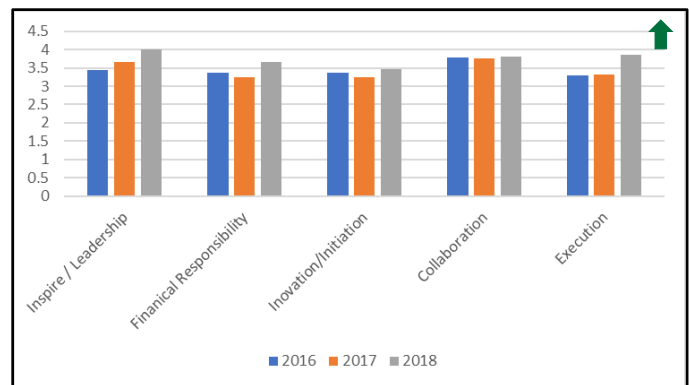


Fig. 7.3-3, Retention in the healthcare-related fields is lower than many sectors. Retention is segmented by key employee groups and departments (AOS).

**Figure 7.3-3a: % Retention**



**Figure 7.3-3b: % Retention – Clinical/Non-Clinical**



Fig. 7.3-3, Unplanned call-offs create scheduling difficulties and negatively impact team morale. Safety measures implemented have also resulted in a below-average number of unplanned call-off days per employee. The national average is 4.9 days per year of sick or unplanned days. CORE consistently has an average number of call-offs well below this national average. CORE employees called off an average of one day per employee in 2018.

**Figure 7.3-4: Unplanned Call-Offs**

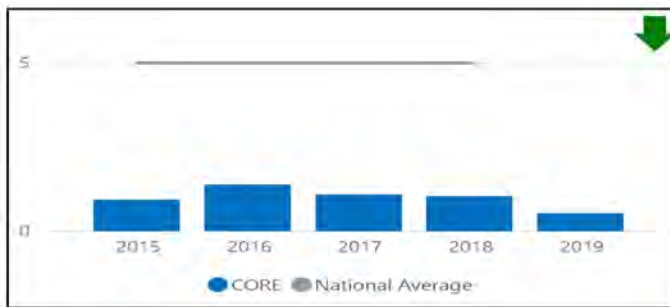


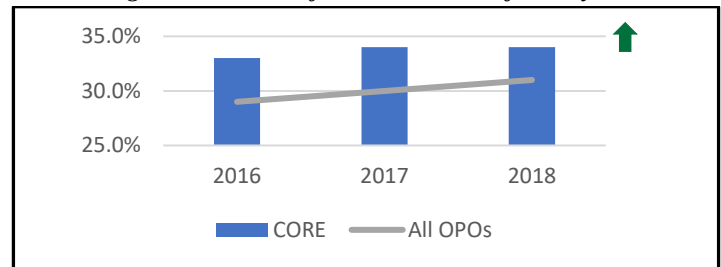
Fig. 7.3-4 & 5 and 7.3-21 & 22, The Safety Committee has implemented multiple initiatives to reduce injuries. Injuries are segmented by type and department to identify trends. These initiatives have helped to lower the total number of OSHA reportable injuries resulting in CORE's PA Workers' Compensation Modification Rating reaching the PA defined ideal of "1." This will lower CORE's Workers' Compensation insurance premium.

**Figure 7.3-5: PA Workers' Comp MOD Rating**



Fig. 7.3-6, CORE commitment to the health of its workforce is demonstrated by its investment into comprehensive health plans and its encouragement of staff to be enrolled. Fig. 7.3-6 demonstrates the level of benefits provided compared to salary dollars. CORE compares favorably to other OPOs in benefits.

**Figure 7.3-6: Benefits as a Percent of Salary**



**Figure 7.3-7: Professional Development (PD) Investment**

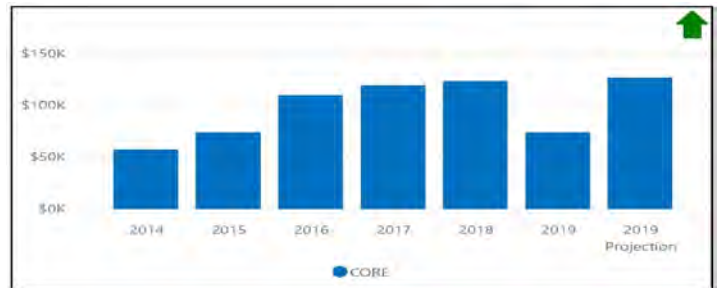


Fig. 7.3-7 & 8, In 2013, a goal of eight hours per year of professional development to ensure capability of its full-time workforce was created. 100% of employees achieved this goal and it was increased to 10 hours in 2014. CORE's investment in PD is increasing.

**Figure 7.3-8: Professional Development Hours per Year**

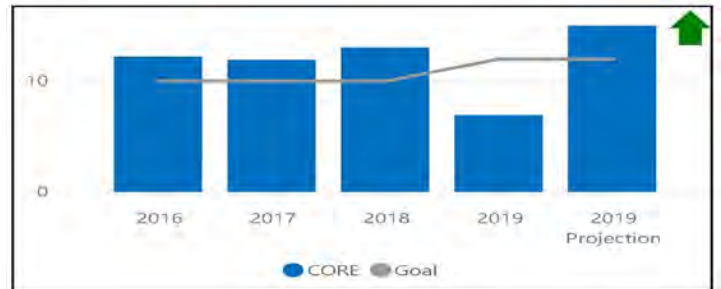


Fig. 7.3-9, In 2016, during a Board Retreat and review of the SPP, a decision was made to increase clinical staff to address allocation changes and ensure high performance and error-free processes. Each leader reviews with their supervisor C&C on a monthly basis to address any real-time and long-term staffing issues. This information is utilized in the SPP to make adjustments to any staffing levels.

**Figure 7.3-9: Clinical vs. Non-Clinical**

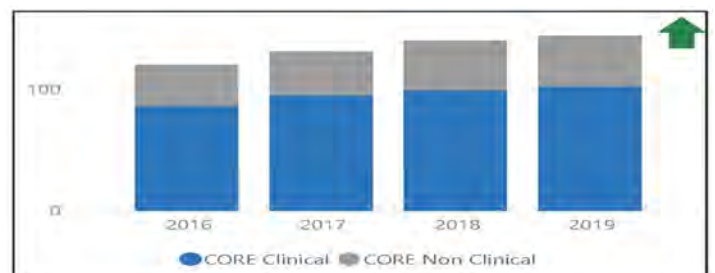
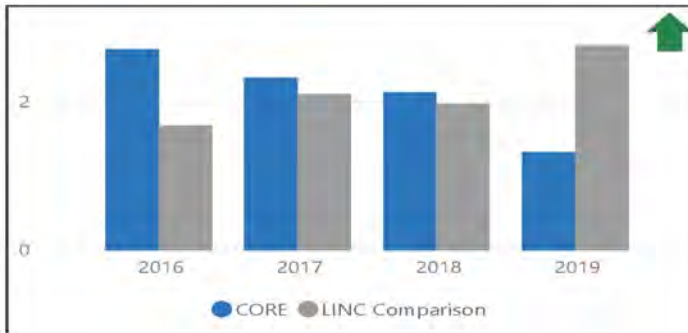
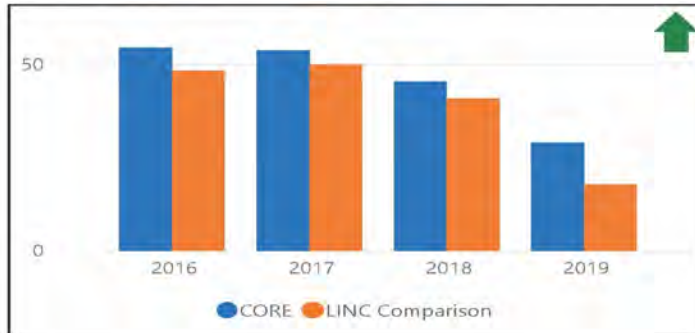


Fig. 7.3-10 & 11, Organ Donors per Staff is a method of reviewing efficiency of staffing. Segmenting by clinical staff identifies capacity needs for Key Processes based upon volume. Segmenting by non-clinical staff evaluates capacity needs for support processes based upon overall volume.

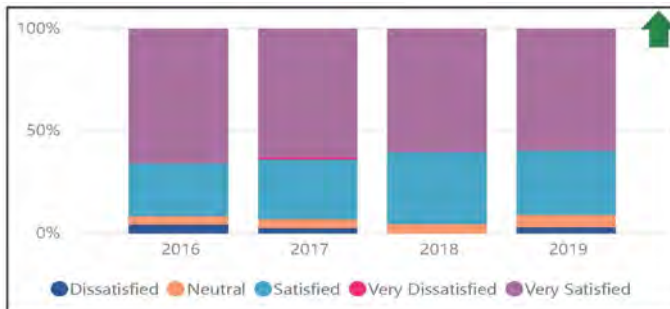
**Figure 7.3-10: Organs Donors per Staff**



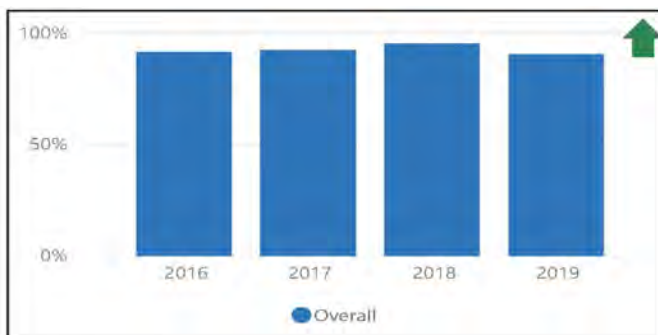
**Figure 7.3-11: Donors per Non-Clinical Staff**



**Figure 7.3-12: Volunteers Degree of Satisfaction**



**Figure 7.3-13: Volunteers Overall Satisfaction**



**Figure 7.3-14: Number of Volunteers**



Fig. 7.3-12 – 15, The number of active CORE volunteers has steadily increased, which is also reflected in the number of volunteer hours. Many of the volunteers come directly from donor families or recipients, which creates and highly engages a committed team of advocates promoting donation at community events. The community events support CORE’s mission and also support increasing those on the registry. Registry lists help ensure first person authorization, which, in turn, impacts donor authorization.

**Figure 7.3-15: Volunteer Hours**

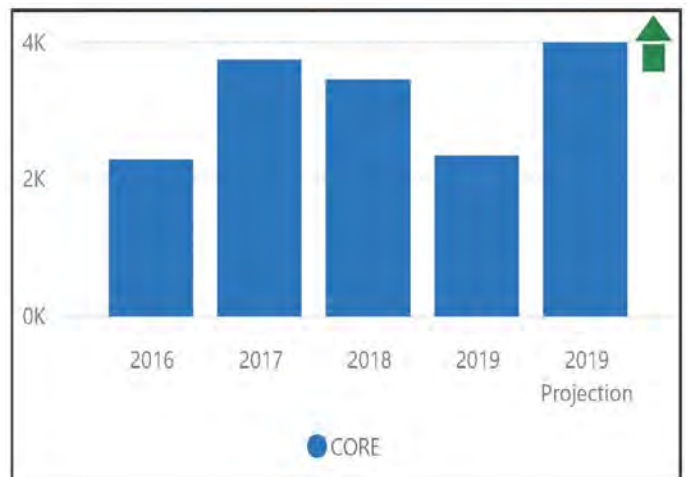
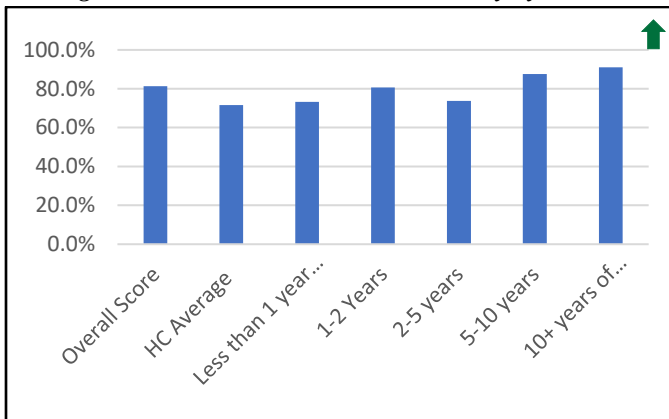


Fig. 7.3-16, CORE utilizes a survey tool administered by Beyond Feedback, which allows employees to first choose what is important to them, and then rate CORE’s performance related to that topic. Comparison data includes other healthcare organizations and some OPOs. CORE’s scores consistently fall above the HC average (scores in green), and often above the HC top quartile (scores in blue). If an area falls below this comparison score, the dept. leader may focus on this as an area of improvement and develop an AP. Due the team’s connection to its mission, which scores above the HC top quartile, CORE is able to retain a dedicated workforce.

**Figure 7.3-17: Work Schedule Flexibility by Tenure**



**Figure 7.3-19: Work – Life Balance by Department**

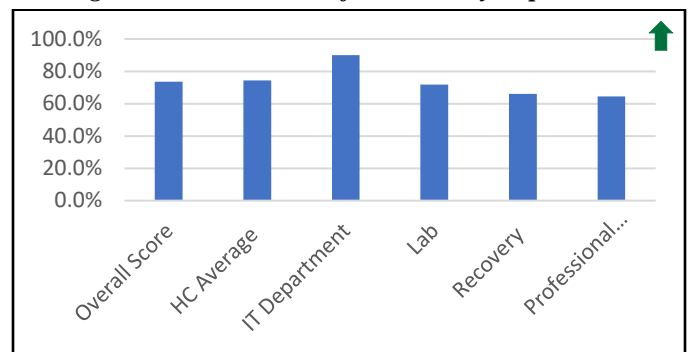
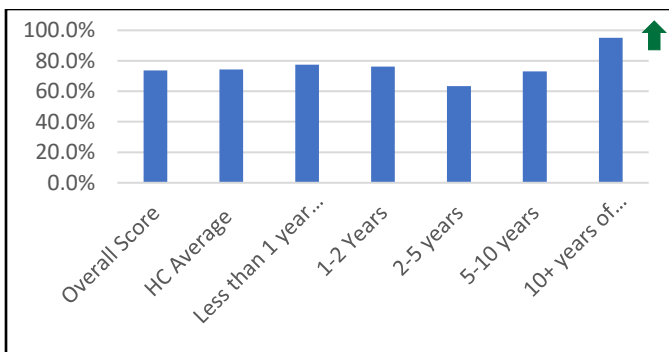
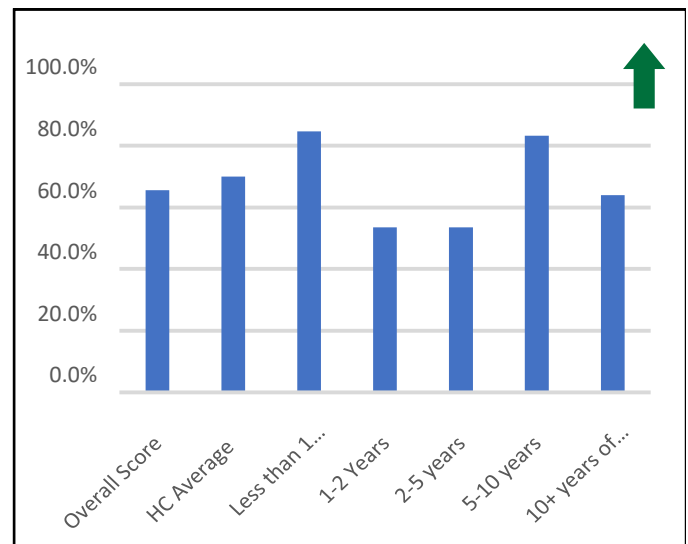


Fig. 7.3-17 & 18, Based on the engagement survey scores, the area of “work – life” balance was identified as an OFI. APs are created by low-scoring departments to address employee concerns.

**Figure 7.3-18: Work – Life Balance by Tenure**



**Figure 7.3-20: Right Tools for the Job by Tenure**

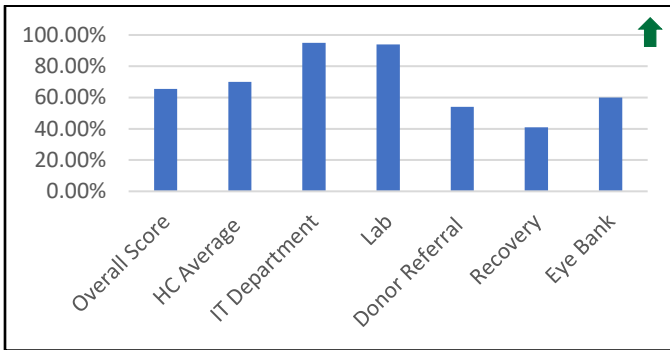


**Figure 7.3-16: Satisfaction Survey Results by Question**

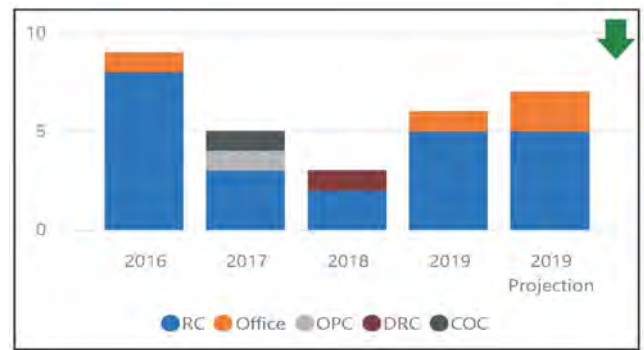
	2016	2017	2018	2018 Clinical	2018 Non-Clinical	2018 HC AVE	2019	2019 Clinical	2019 Non-Clinical	2019 HC Ave
Reasonable expectations of my goals and performance			75%	77%	72%	71%	74%	77%	70%	74%
Clear, effective, two-way communication	76%	58%	67%	66%	69%	62%	76%	72%	81%	63%
Competitive benefits	91%	84%	95%	95%	96%	62%	90%	90%	92%	66%
Competitive salary for my position	78%	59%	84%	87%	78%	62%	76%	77%	77%	64%
Connection to the organization’s mission	99%	85%	95%	93%	99%	67%	97%	95%	99%	70%
Continuous learning, training and development	87%	76%	79%	83%	72%	66%	82%	85%	77%	68%
Contribution to company or department goals	94%	85%	78%	82%	72%	66%	88%	90	87%	65%
Leaders promote ethical behavior	79%	70%	70%	70%	70%	65%	81%	82%	78%	65%
Input into decision-making	85%	67%	79%	78%	80%	60%	74%	74%	75%	58%
Organizational sustainability and growth	94%	69%	97%	97%	94%	68%	94%	92%	97%	69%
Relationship with my coworkers	92%	89%	92%	92%	91%	76%	82%	79%	92%	78%
Work schedule flexibility	81%	61%	83%	85%	81%	72%	81%	81%	82%	72%
Workload provides opportunity for a work/life balance	75%	56%	74%	78%	70%	70%	71%	71%	70%	72%

Green - At/Above HC Average  
Blue- Above HC top Quartile

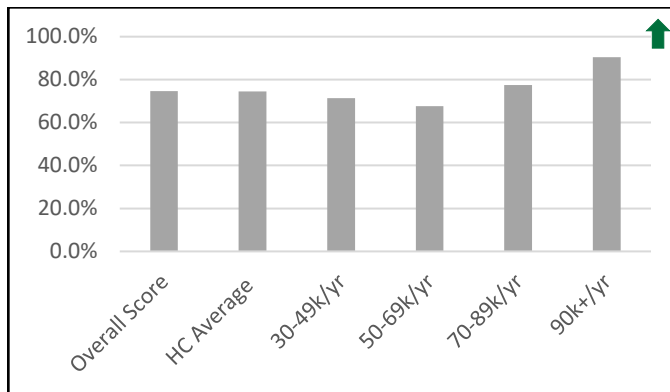
**Figure 7.3-21: Right Tools for the Job by Department**



**Figure 7.3-24: Injuries by Department**



**Figure 7.3-22: Overall Engagement Based on Compensation**



Figures 7.3-23 & 24, Workplace injuries and their severity have decreased through targeted safety initiatives related to lifting and the safe handling of sharp instruments. The two graphs demonstrate this steady decline along with a notable decrease in CORE's PA Workers' Compensation Modification Rating and decrease ultimately resulting in a decrease of workers compensation insurance.

**Figure 7.3-25: Workforce Advancement**



Fig. 7.3-20 thru 22 show additional segmentation of employee satisfaction data.

**Figure 7.3-23: Injuries by Type**

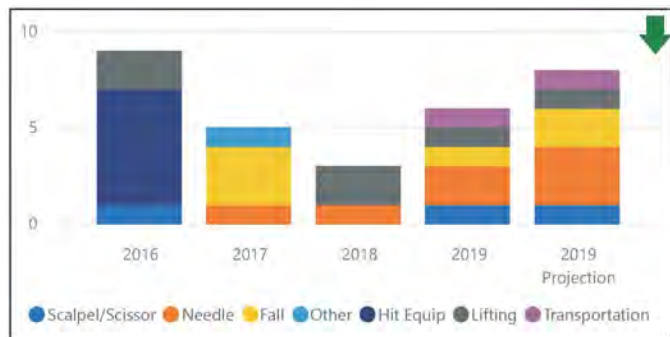


Fig 7.3-25 shows the number of employees who have been promoted or have advanced their skills and expertise through position changes.

**7.4 Leadership and Governance Results**

Fig. 7.4-1 – 3 demonstrate how SL's encourage engagement and open communication through a variety of means. Results from team member engagement surveys demonstrate strong Leadership relationships with the workforce, indicating that leadership engagement has been above the healthcare top quartile. SL supports a number of programs that offer team members praise and recognition (Fig. 7.3-14).

**Fig. 7.4-1: Senior Leader Engagement Methods With Workforce**

Leadership Engagement With Workforce	2016	2017	2018	2018 HC AVE	2019	HC TOP Quartile	2019 HC Ave
Reasonable expectations of my goals and performance			75%	71%	74%	83%	74%
Leaders promote ethical behavior	79%	70%	70%	65%	81%	82%	65%
Leadership communication	87%	62%	71%	58%	72%	76%	60%
Leaders whose actions align with our culture and values	77%	70%	69%	65%	72%	81%	66%
Supervisor's communication	79%	64%	78%	64%	76%	81%	64%
Relationship with my manager	95%	80%	92%	68%	88%	86%	71%

Scores highlighted in green are above the HC average. Scores highlighted in Blue are above the HC top quartile.

**Figure 7.4-2: Communication**

Engagement & Development	Goal	Results 2012-18	Results 2019
Team Huddle	Monthly	90-100%	91%
Team Member Rounding	Monthly Meetings	90-100%	90%
Thank You Notes	2 / month Sr Leaders	100%	100%
Professional Education	90% met expectation	100%	N/A
Performance Reviews	100% timely	100%	N/A

**Figure 7.4-4: Board of Directors' Accountability**

BOD Accountability	2016	2017	2018	2019
Quorum at Board of Directors Meetings	100%	100%	100%	100%
Quorum at Advisory Board Meetings	100%	100%	100%	100%
Quorum at Community & Professional Outreach Committee Meetings	100%	100%	100%	100%
Quorum at Finance/Audit Committee Meetings	100%	100%	100%	100%
Board Quorum at SP Retreat	100%	100%	100%	100%
Board Representation at CORE Special Events	100%	100%	100%	100%
Board Representation at LINC Meetings	100%	100%	100%	100%

**Figure 7.4-5: BOD Self-Assessment Results**

Role and Responsibility	CORE	Benchmark Score
Mission	3.49	2.99
Strategy	3.55	2.82
Funding and Public Image	3.47	2.58
Board Composition	3.39	2.71
Program Oversight	3.51	2.84
Financial Oversight	3.64	3.12
CEO Oversight	3.74	2.98
Board Structure	3.51	2.97
Meetings	3.62	3.05

Fig. 7.4-4 & 5 demonstrate BOD accountability and self-assessment results. The BOD continues to advocate for and govern CORE to ensure that the organization can meet their critical Mission.

**Figure 7.4-6: Required Regulatory Audit Findings**

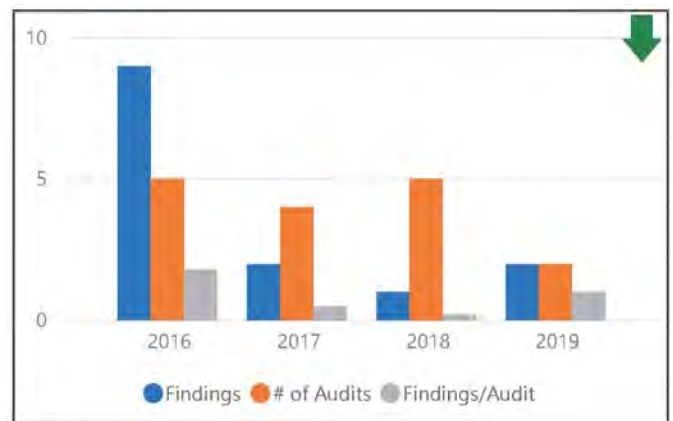


Fig. 7.4-6, Required regulatory audits are generally on multiple cycles depending upon the agency. Audits may be annual, bi-annual and, in some cases, once every three years to maintain compliance or registration. Cycles of improvement can be attributed to improvements in the internal audit process and surveillance and the contracting of a consultant in 2018 to perform unbiased assessments along with mock audits by CORE's LINC partners.

**Fig. 7.4-3: Sr. Leader Customer Engagement Methods**

	Senior Leadership Engagement	Frequency	Interactions 2016	Interactions 2017	Interactions 2018	Interactions 2019
Transplant Center 1	Allegheny Health Network	Monthly	100%	100%	100%	100%
Transplant Center 2	Charleston Area Medical	Monthly	100%	100%	100%	100%
Transplant Center 3	UPMC Children's Hospital	Monthly	100%	100%	100%	100%
Transplant Center 4	UPMC Presbyterian	Monthly	100%	100%	100%	100%
Transplant Center 5	VA Pittsburgh Healthcare System	Monthly	100%	100%	100%	100%
Transplant Center 6	UPMC Hamot	Monthly	N/A	N/A	100%	100%
Tissue Processor 1	LifeNet Health	Quarterly	100%	100%	100%	100%
Tissue Processor 2	RTI Donor Services	Quarterly	100%	100%	100%	100%
Tissue Processor 3	Cryolife	Quarterly	100%	100%	100%	100%
Tissue Processor 4	LifeCell	Quarterly	100%	100%	100%	100%
Tissue Processor 5	Pinnacle	Quarterly	N/A	N/A	100%	100%
Corneal Surgeons	Cornea Surgeons	Quarterly	100%	100%	100%	100%
Donors	Donor Families	Monthly	100%	100%	100%	100%



**Figure 7.4-7: Community Support**



Fig. 7.4-7 & 8, The LIFE Committee was revamped in 2017 to include a “societal responsibility” pillar with the goal to coordinate one philanthropic initiative per quarter. CORE has exceeded expectations annually.

**Figure 7.4-8: LIFE Committee – Philanthropic Events**

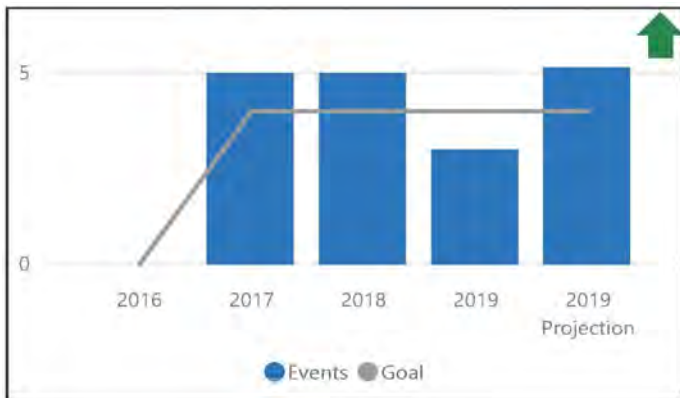


Fig. 7.4-9, Ethical behavior is ensured by providing the workforce with annual Corporate Compliance training. 100% of the workforce is trained in identifying and reporting Corporate Compliance issues. CORE implemented rounding questions in 2018 to engage team members to think about how leaders demonstrate legal and ethical behavior. Leaders round on their own staff monthly, and round on other department team members quarterly to provide an opportunity to staff to share any concerns they might have with another leader. In 2019, the leadership team introduced an opportunity for team members and leaders to receive an Ethical Award at all team staff meetings.

Fig. 7.4-10 & 11, CORE has shown an increase in the number of hospitals that have registered and participated in their state’s hospital challenge, which promotes organ donation in both the hospital and the community it serves. There are also increases in the level of participation by each hospital, as evidenced by the increased level of awards over the last three years. Award Categories: Titanium 5,000 \*new in 2017; Platinum 1,000; Gold 750; Silver 350; Bronze 200.

**Figure 7.4-9: Reported Corporate Compliance Issues**

Year	Type	Results	Action Required
2015	Legal & Regulatory	1 reported	•
2015	Business Ethics	1 reported	
2016	Legal & Regulatory	2 reported	
2016	Confidentiality	1 reported	•
2017	Business Ethics	1 reported	•
2017	Confidentiality	1 reported	•
2017	Protection of Assets	2 reported	•
2018	Confidentiality	1 reported	•
2019	N/A	0 reported	

**Figure 7.4-10: WV Donor Hospital Engagement**



**Figure 7.4-11: PA Donor Hospital Engagement**



### 7.5 Financial and Market Results

AOPO Comparative Data is delayed by approximately six months and will be available in July 2019. Fig. 7.5-1 is a comparison of operating revenues to operating expenses. CORE compares favorably to all categories, even with some of the lowest OACs in the industry.

**Figure 7.5-1: Operating Margin (3.1b-1 Ref)**



Fig. 7.5-2 shows margins in CORE’s three main categories of revenue. CORE shows increase in organ margins due to increased volume and the savings gleaned from bringing donors in-house. The decline in tissue margins is caused by tighter criteria and reduced age limits from processors. Cornea shows an upward trend over the last three years.

**Figure 7.5-2: Operating Margin by Donor Type**

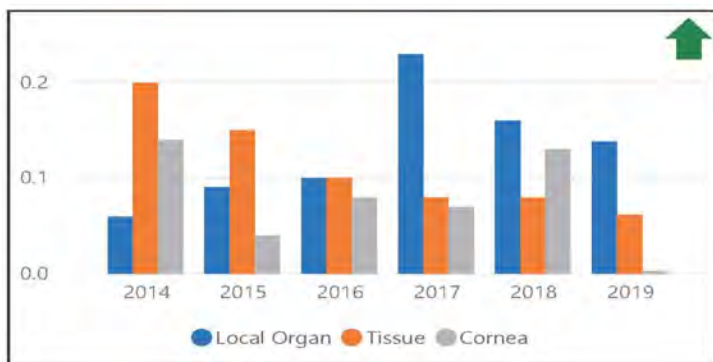


Fig 7.5-3 shows costs by organ type. CORE is consistently below LINC and all other OPO rates. This is significant in that CORE is able to generate margins above comparisons while charging transplant centers less for organs.

**Figure 7.5-3: Organ Acquisition Costs**

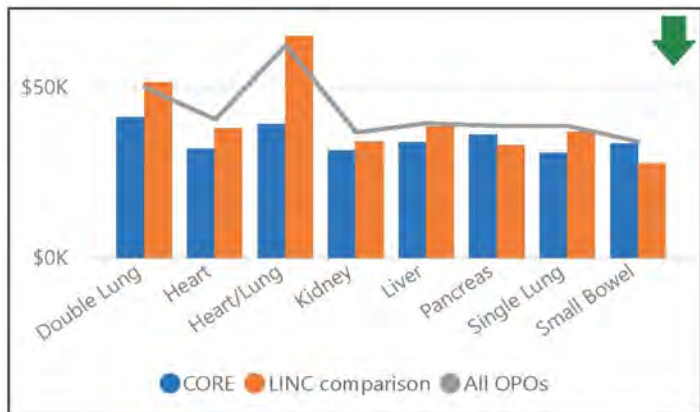


Fig. 7.5-4 measures the liquidity of an organization and how long it can sustain operations if revenue streams are eliminated. CORE is the industry leader over the past three years.

**Figure 7.5-4: Days Cash on Hand**

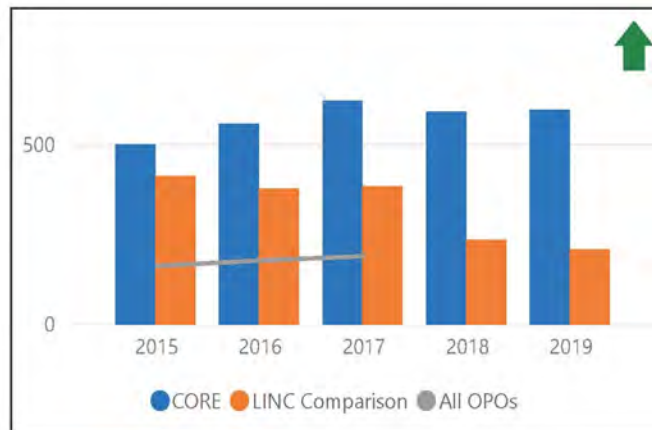


Fig. 7.5-5 measures how many days’ worth of revenue an organization is carrying.

**Figure 7.5-5: Days Accounts Receivable**

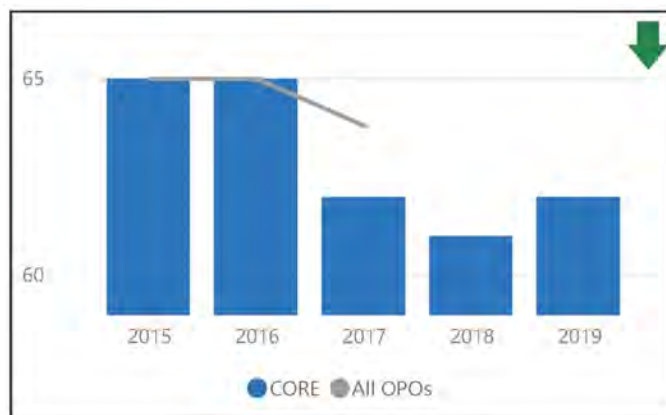


Fig. 7.5-6 is revenue derived from all operations. CORE compares favorably with LINC and all other OPOs.

**Figure 7.5-6: Operating Revenue**

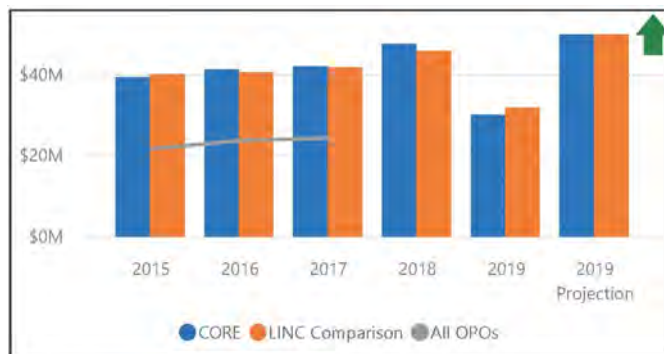


Fig. 7.5-7 demonstrates research revenue.

**Figure 7.5-7: Research Revenue**

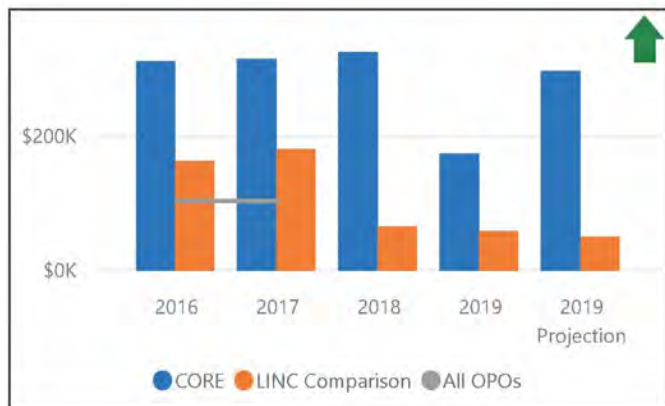


Fig 7.5-8 compares budgeted expenses to actual expenses by department. This demonstrates leadership's ability to work within their budgets. (AOS)

**Figure 7.5-9: Current Ratio**

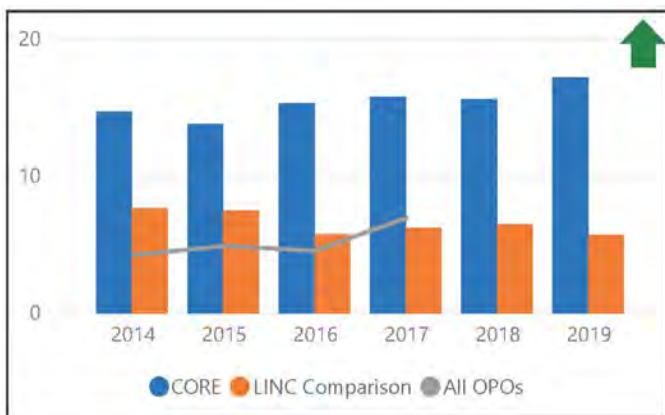


Fig. 7.5-9 measures an organization's ability to use current obligations with current assets. CORE has been the industry leader in this category for several years.

**Figure 7.5-10: Donations**

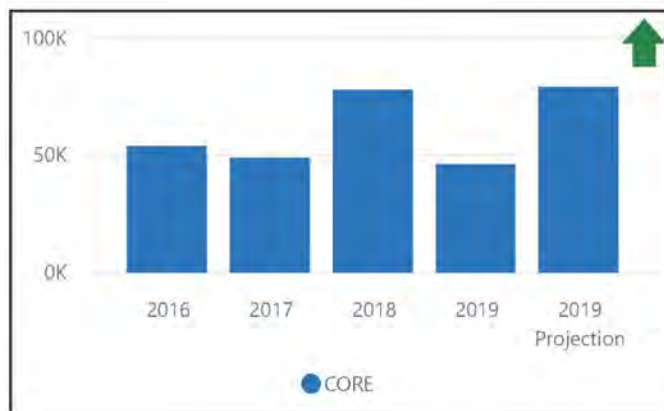


Fig. 7.5-10 demonstrates donations to CORE. CORE does not actively seek donations.

**Figure 7.5-11: Driver's License Designation**

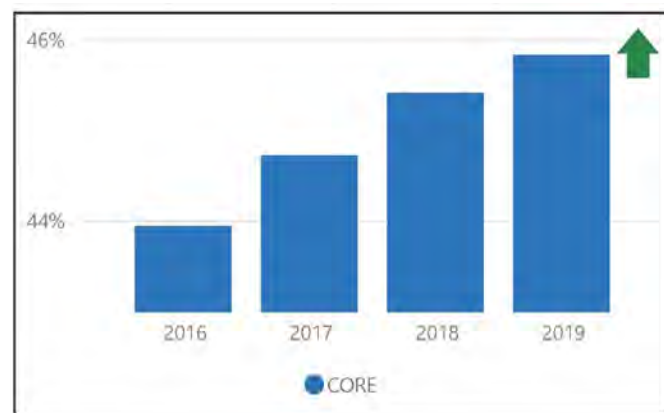
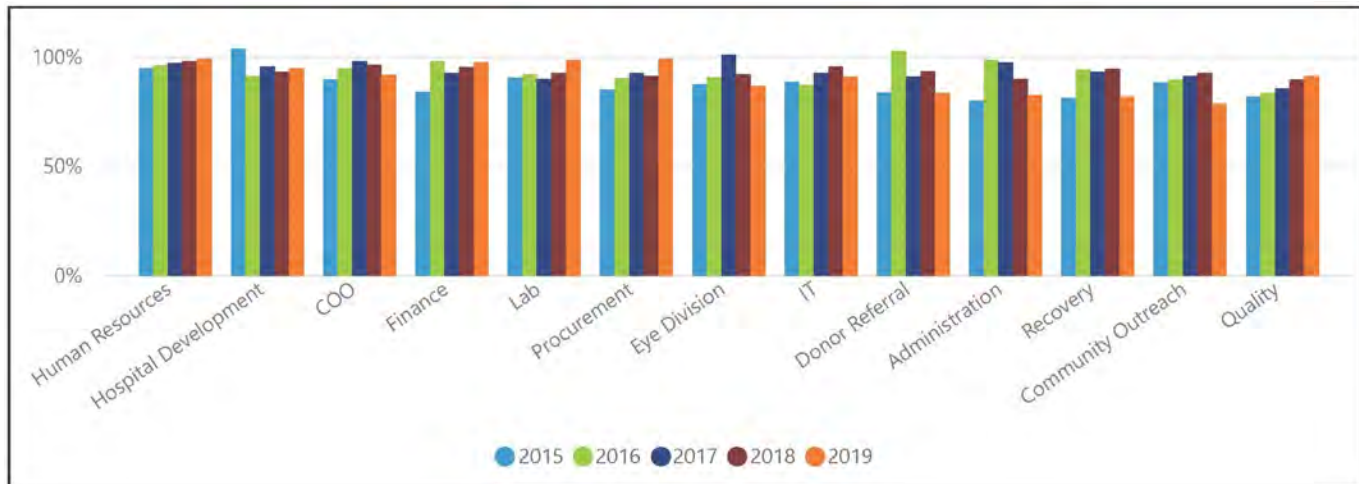


Fig. 7.5-11 shows the percent of the adult population registered as donors through the state registry for CORE's DSA. This percent is calculated by dividing the number of individuals in the donor registry of a state by the number of eligible IDs/driver's licenses.

**Figure 7.5-8: Expense to Budget Segmented by Department**



**Figure 7.5-12: Organ Revenue**

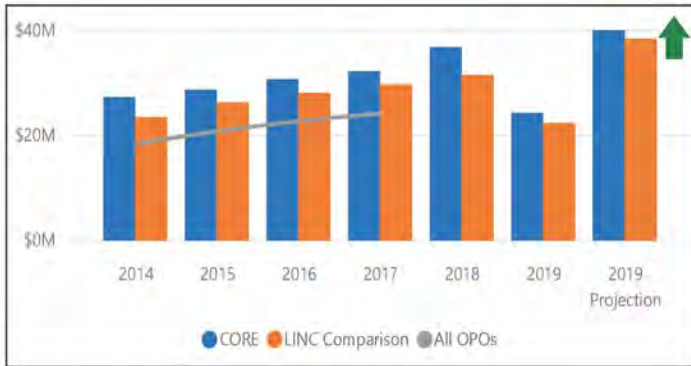


Fig. 7.5-12 shows gross revenue from organs and is a product of volume and rate. CORE has low OAC yet generates more revenue.

**Figure 7.5-13: Tissue Revenue**

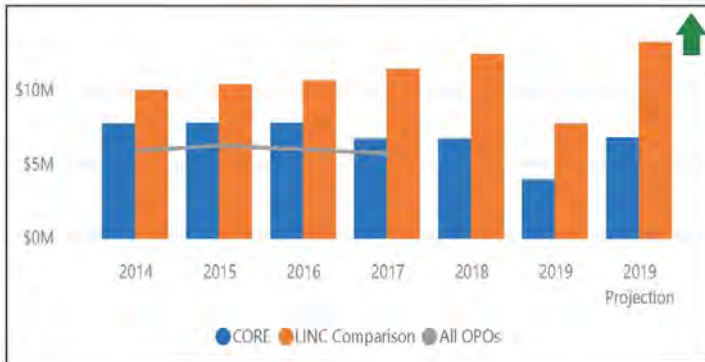


Fig. 7.5-13 shows gross revenue from all tissue processors. CORE's revenue has been decreasing as processors are tightening requirements and lowering maximum age.

**Figure 7.5-14: Cornea Revenue**

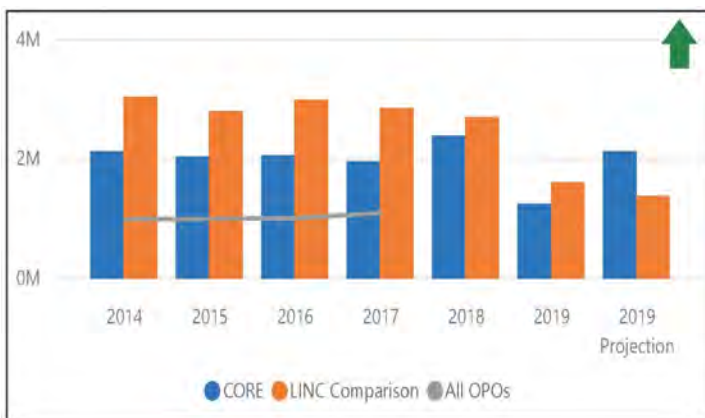
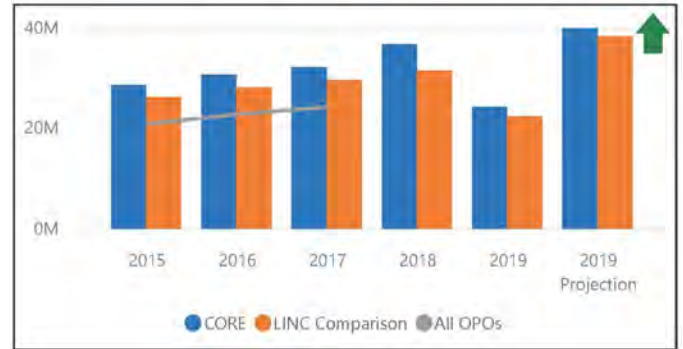


Fig. 7.5-14 shows gross revenue from all corneas. CORE's revenue remained consistent through 2017 with an increase in 2018.

Fig. 7.5-18 shows the cost savings from moving donors from donor hospitals to CORE's in-house OR.

**Figure 7.5-15: Organ Gross Revenue**



**Figure 7.5-16: Tissue Gross Revenue**



**Figure 7.5-17: Cornea Gross Revenue**



**Figure 7.5-18: Cost Savings by Moving Donors on Campus**

