

United Network for Organ Sharing

Strategic Plan 2021-2024

We bring data and people together to save more lives through transplant. We use technology to make data easier to share and easier to understand, and we deliver information in the time, place, and manner that people can use it best. We are teachers and coaches in evidence-driven efforts to improve performance in our own work and in our members'. We automate simple tasks and fully engage our creative analytical capabilities for impactful, behavior-changing work. We are a source of best practices, collegial connections, and the very latest information about how to best serve the patients who are waiting for organ transplants.

Mission:

Our mission is to unite and strengthen the donation and transplant community to save lives.

Vision:

Our vision is a lifesaving transplant for everyone in need.

Values:

Our values guide our behaviors as we pursue our mission, vision and strategic goals.

- 1) Stewardship: We act on behalf of those we serve to manage the resources and gifts entrusted to us, especially the gift of life.
- 2) Unity: We work collaboratively and respectfully, guided by consensus-building, sharing responsibility, time, and abilities.
- 3) Trust: We demonstrate integrity and reliability through consistency, openness, and honesty.
- 4) Excellence: We achieve high quality through measurement, evaluation, and continuous improvement of our standards, processes, and effectiveness.
- 5) Accountability: We take ownership of our actions and fulfill our commitments to our stakeholders and each other.

2021-2024 UNOS Strategic Goals

Goal 1: Increase the number of transplants

Core activities:

Serving as the Organ Procurement and Transplantation Network (OPTN), UNOS maintains the national transplant candidate waiting list and operates a 24/7 electronic matching system accessible to every Organ Procurement Organization (OPO) and transplant center in the country. UNOS also operates a 24/7 Organ Center, a live call center to assist OPOs and transplant centers with questions, transportation arrangements, and with placing organs.

Resource Allocation Benchmark: 50%

Initiatives:

- 1) Improve metrics and monitoring approaches for increased collaboration and performance improvement activities when assessing transplant program and OPO performance
 - a) Develop improved OPO metrics that provide an accurate assessment of OPO performance and can be leveraged as a tool to identify actionable improvement opportunities
 - b) Develop a dashboard of transplant center metrics that goes beyond one-year post-transplant outcomes and avoids creating disincentives to transplant, to include measures that can be utilized to identify strategies for improvement, including monitoring of offer acceptance rates by donor age and donor type, and late declines for candidates with multiple accepted offers
 - i. Include metrics that measure quality of life for transplant recipients
 - ii. include metrics for multi-organ transplants
 - c) Develop systemic metrics that measure the interactions between OPOs and transplant centers that identifies opportunities to increase the number of transplants
- 2) Pursue policies and system tools that promote system efficiency and increase organ utilization
 - a) Expand the use of offer filters to reduce unwanted offers and increase efficient placement
 - b) Reform the use of provisional yes to make it a timely, meaningful response
 - c) Address wide variation in biopsy practices
 - d) Expedite offers of difficult to place organs
 - e) Increase seamless data exchange between members and UNetSM to reduce data burden and improve data integrity.
 - f) Support the use of local recovery to increase utilization and reduce team travel

- i. Improve technology support for sharing images and information during recovery process
 - ii. Develop best practices to work towards consistent expectations for local recovery
 - g) Develop national organ tracking service integrated into UNet
 - h) Improve user interface of technology platforms
 - i) Modernize, modularize and simplify UNetSM architecture to expedite system changes and improve quality
- 3) Increase the number of Donation after Circulatory Death (DCD) donor organs recovered and transplanted by encouraging inter-organ and inter-program collaboration and the development of effective practices, particularly in the area of heart transplantation, where DCD organs have been historically under-utilized
- 4) Review policies to determine whether future changes will be necessary to encourage or facilitate mechanical preservation during transportation of organs
- 5) Increase living donation
 - a) Increase the effectiveness of paired living donation programs
 - i. Develop policies to allow deceased donor kidneys to begin Kidney Paired Donation (KPD) chains
 - b) Develop a liver paired donation pilot program
 - c) Increase education about living donor safety, recipient outcomes, and available support
- 6) Conduct donor management research to improve practices

Key metrics:

- 1) A decrease in time from first organ offer and average number of offers to acceptance
- 2) An increase in national offer acceptance rates
- 3) A decrease in the number of candidates that die on the waitlist who had received an offer of an organ that was transplanted
- 4) An increase in utilization rate of organs from older donors
- 5) An increase in utilization of organs from participants in collaborative improvement programs
- 6) An increase in the utilization rate of DCD donor organs
- 7) An increase in the number of transplants of mechanically preserved organs
- 8) An increase in transplants performed through kidney paired donation
- 9) Reduce the number of organs that suffer transportation delays or failures

Goal 2: Provide equity in access to transplants

Core activities:

Through a consensus-driven and transparent process, the OPTN brings together a group of individuals with diverse backgrounds and professional perspectives to develop equitable allocation policies. The OPTN Board of Directors and advisory committees are comprised of transplant and donation professionals, patients, living donors, and donor and recipient family members who bring varying and unique perspectives to produce policies that are equitable across all patient populations.

UNOS research staff aggregate national OPTN data and analyze trends in transplantation, which allows for the identification of inequities among transplant patient populations.

The OPTN monitors allocation matches to ensure organ allocation policies are followed and fosters public trust in the national transplant network through public communications.

Resource Allocation Benchmark: 30%

Initiatives:

- 1) Improve equity in transplant opportunities for multi-organ and single organ candidates
 - a) Include measures of multi-organ transplants in transplant center metrics
- 2) Implement continuous distribution policy framework in all allocation policies to increase equity and provide more flexible, patient-focused allocation policies
 - a) Monitor and evaluate effectiveness of changes to allocation policies
 - b) Refine allocation policies to achieve maximum effectiveness towards the goal
- 3) Increase the ability for allocation policies to be dynamic and incorporate changes in faster policy cycles to respond to post-implementation findings
- 4) Examine differences in access to transplant among different ethnic, economic, and geographic groups and develop strategies as indicated to address any identified disparities
- 5) Increase patient involvement throughout the policy development process
- 6) Increase racial, ethnic, and professional diversity on the Board and committees to ensure a variety of perspectives are offered in the policy development process
 - a) Review current demographic data for key populations (MDs, transplant program and OPO personnel, patients, donor families, etc.)
 - b) Evaluate the election process for patient and donor representatives
 - c) Improve recruiting and awareness efforts with potential minority participants
 - d) Increase diversity in age of board and committee members

- 7) Continually increase the quality of OPTN data collected and explore the use of non-OPTN data to supplement policymaking and research

Key metrics:

- 1) Increased equity in access to transplant as measured by UNOS published equity in access methodology
- 2) Reduction in time from policy project origination to implementation
- 3) The volunteer workforce will reflect the patients and professionals served by the OPTN.
- 4) Increase the average number of individuals per cycle participating in the OPTN public comment period.

Goal 3: Improve waitlisted patient, living donor, and transplant recipient outcomes

Core activities:

UNOS aggregates national OPTN data and analyzes trends in transplantation and provides meaningful and actionable reports and tools to members that contribute to the collective knowledge of effective organ transplantation.

Resource Allocation Benchmark: 15%

Initiatives:

- 1) Consider recipient longevity and quality of life in transplant center metrics.
- 2) Evaluate effective methods for assessing living donor outcomes.
- 3) Enhance transplant program tools and education in the selection and follow up of living donors.
- 4) Develop tools to calculate survival benefit to inform center practices, patient management, and OPTN policy development.
- 5) Improve patient tools for understanding transplant center metrics and comparing programs
- 6) Improve patient tools for understanding the allocation process and organ acceptance strategies
- 7) Improve patient tools for understanding living donation
- 8) Improve the process/management of donor information that becomes available after transplantation (blood cultures, sputum cultures, urine cultures, etc.)

Key metrics:

- 1) A reduction in waitlist mortality.
- 2) An increase in 1-year graft and patient survival rates.
- 3) An increase in the 5-year graft and patient survival rates.

Goal 4: Promote living donor and transplant recipient safety

Core activities:

The OPTN establishes minimum membership requirements for key personnel at transplant programs, OPOs, and histocompatibility laboratories. The OPTN patient safety portal allows member programs to report potential patient safety events. UNOS conducts routine on-site audits to evaluate member compliance with OPTN policies and reviews transplant program and OPO performance including outcomes and activity levels. Through a confidential medical peer review process, the OPTN may investigate potential member institutions non-compliance with OPTN obligations and the Board of Directors may take member actions.

Resource Allocation Benchmark: 5%

Initiatives:

- 1) Enhance sharing of knowledge about safety events, near misses, and effective practices across the transplant community
- 2) Quickly share breaking information about COVID-19 and other emerging issues with professionals and patients through the UNOS website, other communications vehicles and partnerships with other organizations

Key metrics:

- 1) Increase percentage of members' feedback that the OPTN Membership and Professional Standards Committee (MPSC) is focused on improvement, as well as compliance and safety
- 2) Increase in the number of self-reported events
- 3) On an annual basis, a minimum of 20 reported referrals from Member Quality and MPSC monitoring activities for broader community education, communications or OPTN committee review.

Goal 5: Increase organizational capacity to serve the community

Core activities:

UNOS operates as a fiscally responsible, forward looking organization to provide services that help the donation and transplant community fulfill their mission. UNOS interacts with government decisionmakers, members, the public, and patients to increase confidence in the donation and transplant system.

Initiatives:

- 1) Communicate the story of the effective and continuously improving US donation and transplant system to the media, government, patients, and the public
- 2) Communicate the needs of the donation and transplant community to government decision makers
- 3) Engage the community and leaders in technology, science and research, to drive innovation and system improvement.
- 4) Engage patients in ways that improve their knowledge of the system and the organization that supports it
- 5) Diversify revenue streams to be less dependent on OPTN revenues and restrictions
 - a) Develop partnerships with payors, dialysis companies, and other organizations with connections to transplant
 - b) Grow research grants portfolio in areas of data science and behavioral science
 - c) Expand analytics services within donation and transplant
 - d) Explore opportunities for other government contracts related to transplant and donation
- 6) Continue management and staff improvement and efficiency

Key metrics:

- 1) Increasing percentage of revenue outside the OPTN contract
- 2) Increasing number of constructive relationships with members of Congress and advocates for UNOS
- 3) Increasing reach among key audiences and number of positive media impressions about UNOS and community
- 4) Increasing the number of engagement opportunities with members, patients and the public.
- 5) Increasing scores on organizational maturity matrix, recognition by Baldrige program