

# **OPTN**

Collaborative Innovation and Improvement Network (COIIN)  
COIIN Cohort B Application and Operational Guidelines

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## **I. Introduction and Background**

Within the transplant community there is a strong perception that accepting and/or utilizing kidneys with higher Kidney Donor Profile Index (KDPI) scores is correlated with an increased risk for outcome reviews by the OPTN Membership and Professional Standards Committee (MPSC) or the Centers for Medicare and Medicaid Services (CMS). The number of patients awaiting kidney transplants increases daily, and research suggests that transplants from higher-risk donors can yield good outcomes. Still, hundreds of potentially transplantable high-KDPI kidneys are discarded each year. Utilization of moderate-to-high KDPI kidneys may impact patient survival rates positively or improve quality of life as opposed to patients lingering on a waitlist or dialysis.

The Collaborative Innovation and Improvement Network (COIIN) Pilot Program seeks to identify effective practices correlated to increasing transplantation of moderate-to-high KDPI kidneys, with moderate-to-high defined by a KDPI score between 50% - 100%. The COIIN Pilot Program will explore the use of an alternative monitoring process to encourage innovation, and to limit the perceived risk avoidance behaviors associated with the current outcomes monitoring. The program also aims to foster improvement efforts via a collaborative framework, and encourage organizational learning and community sharing to drive improvement.

The COIIN Pilot Program will take a customized approach, targeting performance improvement within three affinity groups, spanning the continuum of care throughout the kidney transplant process: Organ Offer and Acceptance; Waitlist Management; and Care Coordination. Pilot Programs will develop diverse interventions within each affinity group during three 90-day cycles of improvement called PDSA (Plan-Do-Study-Act).

## **II. Participant Benefits**

As a participant, your institution will receive customized approaches for:

1. Focused improvement efforts, including:
  - a. Coaching and education in performance improvement and analytics expertise by trained staff;
  - b. Change Package and Intervention Guides;
  - c. Access to an exclusive and interactive Collaborative Learning and Support Site (CLASS) with participant and staff discussion boards, resources, and tools;
  - d. Access to educational webinars on key topics;
2. Data Collection and Analytics, including:
  - a. Access to the COIIN Data Dashboard Tool through Tableau, providing visual data displays and personalized dashboards;
  - b. Access to REDCap™ (Research Electronic Data Capture) with reporting capability for process measures;
3. Networking to directly affect outcomes including:
  - a. Relational Coordination, a comprehensive, evidence-based approach to evaluating collaborative relationships within the transplant hospital team (Appendix C). The Relational Coordination Instrument, a validated survey tool, will be used to measure timely and effective communication; problem-solving; shared-goals; shared knowledge; and mutual respect, with baseline and six-month assessments for all Pilot Programs and partner OPOs;

- b. Coaching from Relational Coordination Interventionists based on Relational Coordination survey results of the Relational Coordination;
- c. Customized Action Plan development to help drive improvements in focus areas identified by the Relational Coordination survey.

Participation in COIIN affords programs the opportunity for innovation while maintaining accountability through alternative monitoring efforts, and without the burden of regulatory intervention via MPSC waiver, further explained in Section XIII.

### **III. Administrative**

Please direct all questions and inquiries regarding this program to:

Nicole Y. Benjamin, MPH  
UNOS Program Manager, COIIN  
804-782-4622  
[Nicole.Benjamin@unos.org](mailto:Nicole.Benjamin@unos.org)

### **IV. Application Contents**

The application\*, as set forth in Section VI, consists of:

1. Key Staff Identification Form – Appendix A
2. Executed COIIN Participation Agreement – Appendix B
3. Current QAPI Plan
4. 2016 Kidney Transplant Program Annual Volume

*\*For participants who applied during the first application period (August 1 – 31, 2016), please submit the following as an addendum to your previous application materials:*

- *Key Sponsors Identification Form – Appendix A*
- *Executed COIIN Participation Agreement – Appendix B*
- *QAPI Plan ONLY IF significant changes have been made since the previous application period*

Acceptable formats for responses include: PDF, XLS, XLSX, DOC, DOCX, PPT or PPTX or any combination thereof. Any confidential or proprietary information must be clearly marked as **CONFIDENTIAL/PROPRIETARY**.

Please submit completed applications electronically to [COIIN@unos.org](mailto:COIIN@unos.org) by **May 31, 2017**.

We have included two appendices to further clarify and answer additional questions. These include:

- Relational Coordination Overview – Appendix C
- UNOS and Participant Obligations – Appendix D

### **V. Commitment Due Date and Project Schedule**

All application contents and signed participation agreements are due to UNOS by **May 31, 2017**. Any correspondence received after the deadline will not be evaluated for participation.

The following schedule is for informational purposes only. UNOS reserves the right to amend this schedule at any time.

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EVENT	DATE
1. Materials and Participation Agreements Accepted	May 2017
2. COIIN Executive Team Review	Beginning of June 2017
3. Notification to Selected Participants	Mid-June 2017
4. Pre-Work and One On-Site Coaching Visit	July 2017 – September 2017
5. Kick-Off Meeting in Chicago, Illinois	October 3-4, 2017
6. Implementation of Improvement Cycles and Data Collection	October 2017 – June 2018

## **VI. Requirements for Participation**

To be considered for participation in the Pilot Program, participants **MUST**:

1. Perform a minimum of 30 deceased donor kidney transplants in the past 12 months or average over the past three (3) years;
2. Not be currently under OPTN Membership and Professional Standards Committee (MPSC) review for kidney outcomes;
3. Identify key personnel, meet staffing requirements and have leadership commitment (Appendix A) from parties listed below:
  - a. Project Lead – team formation, project planning, day to day project operations, communicate deliverables to COIIN staff (recommended staff: Primary Program Sponsor, Quality Lead, etc.)
  - b. Medical Lead – work in collaboration with Surgical Lead to support team, set goals, facilitate decision-making, foster buy-in, assist with resource allocation
  - c. Surgical Lead - work in collaboration with Medical Lead to support team, set goals, facilitate decision-making, foster buy-in, assist with resource allocation
  - d. OPO sponsor to commit to data sharing, Relational Coordination surveys, and participate in meetings and identified improvement efforts;
4. Submit a current QAPI plan;
5. Execute the COIIN Participation Agreement (Appendix B).

## **VII. Participant Responsibilities**

1. Abide by the COIIN Pilot Program Application and Participant Requirements and the OPTN Bylaws and Policies, unless explicitly stated otherwise in the COIIN Pilot Program Application and Participant Requirements. Any potential violations of the COIIN Pilot Program Application and Participant Requirements or any potential compliance violations of policies and bylaws outside of kidney performance outcomes could be referred to the Membership and Professional Standards Committee (MPSC). Please see waiver in Section XIII.

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2. Agree to share aggregated performance data and information with and among other participants in the COIIN Program to facilitate effective and efficient system improvements and collaborative learning.

## **VIII. Expectations and Time Commitment for Key Program Personnel**

Key personnel expectations and estimated time commitments are set forth in the tables below:

<b>Project Lead</b>			
<b>Pre-Work Deliverables</b>	<b>Description</b>	<b>Timeframe</b>	<b>Estimated Time Commitment</b>
Project Planning and Pre-Work Packet	Team formation, completion of Pre-Work Packet and Storyboard, gathering emails (contacts, CLASS logins, relational coordination survey, etc.)	July – September 2017	1 hour monthly
Coaching Visit	On-site coaching by Performance Improvement Clinicians with your team	July – September 2017	1 day at your center
Kick-Off Meeting	Meeting in Chicago, IL with your Project Lead and Medical or Surgical Lead	October 2017	1 ½ days
<b>Project Deliverables</b>	<b>Description</b>	<b>Timeframe</b>	<b>Estimated Time Commitment</b>
Monthly Report	Monthly report summarizing key learnings from improvement efforts	October 2017 – June 2018	1 hour monthly
Monthly Conference Call	Collaborative discussion with other participants		1 hour monthly
Monthly Educational Webinars	Faculty/Subject Matter Expert presentations on a variety of topics		1 hour monthly
Participation on CLASS	Exploration, discussion boards, uploading resources, and viewing data		Ongoing (weekly touch points recommended)
Relational Coordination Survey	Assisting in the education and deployment of the survey; communicating results		4 hours total
<b>Ongoing Performance Improvement Work</b>	<b>Description</b>	<b>Timeframe</b>	<b>Estimated Time Commitment</b>
Action Planning	Choosing or developing interventions and scheduling meetings	October 2017 – June 2018	Variable
PDSA Improvement Testing Cycles	Testing interventions		Variable
Data Review	Reviewing outcome and process measures		Variable (review data monthly recommended)

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<b>Medical and Surgical Leads</b>			
<b>Pre-Work Deliverables</b>	<b>Description</b>	<b>Timeframe</b>	<b>Estimated Time Commitment</b>
Project Planning and Pre-Work Packet	Support team formation, foster buy-in, and assist with resources	July – September 2017	1 hour total
Coaching Visit	On-site coaching by Performance Improvement Clinicians with your team	July – September 2017	1 day at your center
Kick-Off Meeting	Meeting in Chicago, IL with your Project Lead and Medical or Surgical Lead	October 2017	1 ½ days
<b>Project Deliverables</b>	<b>Description</b>	<b>Timeframe</b>	<b>Estimated Time Commitment</b>
Monthly Report	Supporting Project Lead and facilitating decision-making; possible participation in team meetings	October 2017 – June 2018	Ongoing (monthly touch points recommended)
Monthly Conference Call			
Monthly Educational Webinars			
Participation on CLASS			
Relational Coordination Survey			
<b>Ongoing Performance Improvement Work</b>	<b>Description</b>	<b>Timeframe</b>	<b>Estimated Time Commitment</b>
Action Planning	Supporting Project Lead and facilitating decision-making; possible participation in team meetings	October 2017 – June 2018	Variable
PDSA Improvement Testing Cycles			
Data Review			

<b>Transplant Center Improvement Team</b>			
<b>Pre-Work Deliverables</b>	<b>Description</b>	<b>Timeframe</b>	<b>Estimated Time Commitment</b>
Coaching Visit	On-site coaching by Performance Improvement Clinicians with your team	July – September 2017	1 day at your center
<b>Ongoing Performance Improvement Work</b>	<b>Description</b>	<b>Timeframe</b>	<b>Estimated Time Commitment</b>
Action Planning	Participation in team efforts and supporting Project Lead	October 2017 – June 2018	Variable
PDSA Improvement Testing Cycles			
Data Review			
Monthly Educational Webinars			
Relational Coordination Survey			

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<b>OPO Sponsor</b>			
<b>Pre-Work Deliverables</b>	<b>Description</b>	<b>Timeframe</b>	<b>Estimated Time Commitment</b>
Project Planning and Pre-Work Packet	Providing names and contact information for Relational Coordination survey	July – September 2017	1 hour total
Coaching Visit	On-site coaching by Performance Improvement Clinicians with improvement team	July – September 2017	½ day with transplant center
<b>Ongoing Performance Improvement Work</b>	<b>Description</b>	<b>Timeframe</b>	<b>Estimated Time Commitment</b>
Monthly Educational Webinars	Collaboration with Project Team, ongoing communication with transplant center, and information and data sharing to assist with improvement efforts	October 2017 – June 2018	Variable
Relational Coordination Survey			

## IX. Data Submission Requirements

Most data required for evaluating performance will be based on already-existing submissions through UNOS via Tiedi®. More timely data submission for some forms may be required to appreciate cycles of improvement in the short time frame of the project. For example, for any transplants performed during your year of participation, you will be asked to submit the Transplant Recipient Registration form within 30 days of completing recipient feedback instead of the current 60 day requirement.

For additional process measures that may require additional manual data submission, you will be required to use the COIIN data collection tool (REDCap™) in order to: (1) facilitate aggregated reporting, and (2) meet the requirements for bi-weekly and monthly review of key process measures.

Process measures are dynamic and may be changed through cycles of improvement and the life of the project. The data you are required to submit will vary depending on the interventions chosen by your program.

Data will be reviewed for trends and potential for Accelerated Improvement Process (AIP) as set forth in Section XI.

## X. COIIN Program Termination and Participation Withdrawal Process

The COIIN Executive Team (*UNOS Chief Medical Officer, Chief Contract Operations Officer, and Director Member Quality*) may review any potential violations of the Operational Guidelines and Participant Agreement. The process for potential termination and withdrawal from the COIIN Pilot Program may include:

- Patient safety concerns identified through other focused areas of review by the OPTN Membership and Professional Standards Committee (MPSC), Centers for Medicare and Medicaid Services (CMS), or other regulatory agency;
- Unplanned leadership structural changes or vacancies affecting COIIN program commitments;
- Material non-compliance with the Operational Guidelines and Participation Agreement.



The COIIN Executive Team reserves the right to review these events on a case-by-case basis, and make decisions on behalf of the OPTN in the interest of public safety.

## **XI. COIIN Program Performance Monitoring**

The COIIN Program will use an Accelerated Improvement Process (AIP) that incorporates the framework of collaborative performance improvement within the scheduled monthly discussions with participating pilot hospitals. COIIN Improvement Staff will engage all participating organizations in:

- 90-day cycles of improvement incorporating the use of PDSA, process mapping, root cause analysis and improvement action planning;
- Monthly data review by all participating pilot hospitals using the COIIN Tableau Dashboard and engaging improvement discussions within the web portal and monthly collaborative calls;
- Providing key interventions to facilitate an accelerated intervention process including:
  - Coaching site visits with faculty expertise in the areas of wait list management, organ offer acceptance, care coordination, building relationships, leadership and culture;
  - Support in data management and use of reporting tools including the UNOS ROO report;
  - Modification of action plans to remediate gaps in performance.

If unfavorable trends continue beyond the 90-day cycle of improvement, despite focused efforts of improvement and COIIN staff intervention, further participation in COIIN will be dependent upon causes of unfavorable trends determined by COIIN Executive Team and the oversight of HRSA.

If excused from COIIN Pilot participation, the program will return to standard MPSC review of kidney outcomes.

## **XII. COIIN Program Participation Evaluation and Selection Process**

Applications will be reviewed for requirements, results of the QAPI Plan, and cross referenced with OPTN historical data, including Site Survey results, MPSC kidney outcomes review, and adverse events documented through Incident Handling.

Final selections will be made by the COIIN Executive Team and HRSA.

Regional considerations may be made based on the representation within the applicant pool in association with creating an effective network and promoting the potential expansion of the network.

Upon review and evaluation, the COIIN Executive Team will contact each applicant with the determination.

## **XIII. MPSC Waiver**

The MPSC will provide a waiver from review for kidney outcomes, including graft and patient survival, to COIIN pilot hospital participants for the time period in which they are participating in COIIN; however, if the program does not achieve and maintain their participation obligations,

the waiver will not apply. There are two components to the waiver:

- The COIIN pilot hospital participants will be exempt from engagement with the MPSC for kidney outcomes during the participating year;
- If identified for outcomes review post COIIN participation:
  - If it is possible to determine from a review of the outcomes data that the program would not have been identified for lower than expected outcomes if graft failures or patient deaths during the year of COIIN participation were removed, the MPSC will not send an inquiry to the program.
  - If the MPSC is not able to determine the effect of graft failures or patient deaths during the year of COIIN participation, the MPSC would engage with the program to determine the effect. Focused utilization of moderate to high KDPI kidneys as part of COIIN participation could be cited as a “unique clinical aspect of the transplant program” as referenced in Bylaws, Appendix D.11, and Transplant Program Performance.

## **XIV. APPENDICES**

### Application Documents

Key Sponsors Identification Form – Appendix A  
COIIN Participation Agreement – Appendix B

### Informational Items

Relational Coordination Overview – Appendix C  
UNOS and Pilot Hospital Obligations – Appendix D

# Identification of Key Staff:

Participants must identify key sponsors for COIIN Pilot Program participation and must include contact information as required below.

**Name of Project Lead** \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Name of Medical Lead:** \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Name of Surgical Lead:** \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Name of OPO Sponsor:** \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# OPTN

## APPENDIX B

### COLLABORATIVE INNOVATION AND IMPROVEMENT NETWORK (COIIN) PARTICIPATION AGREEMENT

**THIS PARTICIPATION AGREEMENT** is entered into by the Institution set forth below (“Participant”) and United Network for Organ Sharing (“UNOS”), and provides as follows:

**WHEREAS**, UNOS, as the contractor for the operation of the Organ Procurement and Transplantation Network (“OPTN”), will implement the OPTN Collaborative Innovation and Improvement Network Pilot Program (“COIIN Pilot Program”) containing institutions that desire to promote performance improvement and effective practices through collaborative learning utilizing the Program.

**WHEREAS**, the parties recognize that there are unique concerns related to compliance with applicable Policies and Bylaws generally applicable to institutions that perform transplantations. To provide for these unique concerns, UNOS has developed separate Collaborative Innovation and Improvement Network Pilot Program Application and Operational Guidelines (“Operational Guidelines”), which Participant must agree to abide as a condition for participation in the COIIN Pilot Program.

**WHEREAS**, the Participant has read the Operational Guidelines and has demonstrated an interest and intent in collaborating on, participating in, and contribute to the COIIN Pilot Program.

**NOW THEREFORE**, in consideration of the Participant’s being included in the COIIN Pilot Program, the parties agree as follows:

1. Agreement: By executing this Participation Agreement, Participant hereby agrees to abide by the Operational Guidelines, a copy of which has been made available to Participant and which are incorporated herein by this reference. The time period of the obligations undertaken through this Participation Agreement shall be the duration of the COIIN Pilot Program. Participants can terminate its participation in the COIIN Pilot Program upon 90 days written notice to UNOS.
2. Review and Compliance: Participant acknowledges and agrees that the COIIN Executive Team may review any potential violations of the Operational Guidelines. In the case of a finding of any patient safety concerns identified through other focused areas of review by the OPTN Membership and Professional Standards Committee (MPSC), Centers for Medicare and Medicaid Services (CMS) or any other regulatory agency, or material non-compliance with the Operational Guidelines, the Participant shall be removed from participation in the COIIN Pilot Program for the duration of the COIIN Pilot Program and will return to the current OPTN/UNOS Membership and Professional Standards Committee (MPSC) performance outcomes review process. “Material non-compliance” shall be determined in the sole discretion of the COIIN Executive Team. Any such finding of material non-compliance after providing reasonable notice and an opportunity to be heard by the Participant on the issue, shall be final and unappealable.

3. Authority. The undersigned represents that he or she has the full authority to execute this Agreement on behalf of the Participant for whom they are signing, and acknowledges that UNOS is relying on such representation in granting the Participant access to the COIIN Pilot Program.

Name of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: Project Lead

Name of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: Medical Lead

Name of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: Surgical Lead

Name of Participant: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

Title: OPO Sponsor



## RELATIONAL COORDINATION RESEARCH COLLABORATIVE

### An Overview of Relational Coordination

Adapted from “New Directions for Relational Coordination Theory”

by Jody Hoffer Gittel

Published in “Oxford Handbook of Positive Organizational Scholarship,”  
eds. Kim Cameron and Gretchen Spreitzer, Oxford University Press (2011).

#### Dimensions of relational coordination

Relational coordination theory makes visible the social processes, the human interactions, that underly the technical process of coordinating complex work. It describes the management of interdependence not only between tasks but also between the people who perform those tasks.

Relational coordination theory starts by conceptualizing the coordination of work as taking place through a network of relationships among participants in a work process. The theory specifies three attributes of relationships that support the highest levels of coordination and performance:

- **shared goals** that transcend participants’ specific functional goals
- **shared knowledge** that enables participants to see how their specific tasks interrelate with the whole process, and
- **mutual respect** that enables participants to overcome the status barriers that might otherwise prevent them from seeing and taking account of the work of others.

These three relational dimensions reinforce and are reinforced by specific dimensions of communication that support coordination and high performance, namely **frequency**, **timeliness**, **accuracy** and, when problems arise, a focus on **problem-solving** rather than blaming.

Knowledge of each participant’s contribution to the overall work process enables everyone to communicate in a timely way across functions, grounded in an understanding of who needs to know what, why, and with what degree of urgency. Shared knowledge also enables participants to communicate with each other with greater accuracy, based on an understanding of how their own tasks relate to the tasks of others functions.

Shared goals increase participants’ motivation to engage in high quality communication and predispose them towards problem-solving rather than blaming when things go wrong. Mutual respect increases the likelihood that participants will be receptive to communication from their colleagues irrespective of their relative status, thus increasing the opportunity for shared knowledge and problem solving. This mutual reinforcement between relationship and communication forms the basis for coordinated collective action.

The relational dimensions of relational coordination are not personal relationships of “liking” or “not liking” but rather are task-based relationship ties. They are conceptualized as ties between work roles rather than personal ties between discrete individuals who inhabit those work roles.



## Approach

A relational approach to coordination is more *effective* than more mechanistic approaches, enabling participants to achieve better results for customers while engaging in less wasteful and more productive utilization of resources. How? In contrast to the traditional bureaucratic form of coordination that is carried out primarily by managers at the top of functional silos, relational coordination is carried out via direct contact among workers at the front-line, through networks that cut across functional boundaries at the point of contact with the customer.

Relational coordination improves performance of a work process by improving the work relationships between people (shared goals, shared knowledge, mutual respect) who perform different functions in that work process, leading to higher quality communication. Task interdependencies are therefore managed more directly, in a more seamless way, with fewer redundancies, lapses, errors and delays.

Relational forms of coordination are particularly useful for achieving desired performance outcomes under conditions of reciprocal interdependence, task and input uncertainty and time constraints. When tasks are reciprocally interdependent the actions of each participant affect and are affected by the actions of others. It takes a high degree of relational coordination for participants to be able to mutually adjust their actions in response to each other's actions and outcomes.

When task and/or input uncertainty is high, relational coordination becomes even more important, enabling participants to adjust their activities with each other "on the fly" as new information emerges in the course of carrying out the work. Finally, as time constraints increase, as in high velocity environments, relational coordination is essential for enabling participants' rapid real-time adjustments in response to each other and to newly emergent information without wasting additional time to refer problems upwards for resolution.

## Organizational structures

Relational forms of coordination are fundamentally shaped by organizational structures. In organizations with traditional bureaucratic structures that tend to reinforce functional silos, relational networks exhibit strong ties *within* functions and weak ties *between* functions, resulting in fragmentation and poor handoffs among participants at the front-line of production or service delivery.

In contrast, organizations with structures that foster relational coordination build cohesiveness and broader contextual awareness (participants' awareness of how their work fits into and influences the larger whole). Such structures include the selection of participants based on their capacity for cross-functional teamwork, measurement and reward systems based on team performance across functions, venues for proactive cross-functional conflict resolution, work protocols that span functional boundaries, and job designs that feature flexible boundaries between areas of functional specialization and boundary spanning roles to support the development of networks across functional boundaries. These cross-cutting structures represent a redesign of traditional bureaucratic structures, and together they constitute a relational work system that strengthens cross-functional networks of relational coordination without sacrificing the benefits of the division of labor.

Relational coordination theory calls for the redesign rather than the replacement of formal structures, specifically redesigning these structures to reinforce and strengthen relational



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processes across functional boundaries where they tend to be weak. In so doing, relational coordination theory contributes to the development of high performance work systems that strengthen the ability of employees to manage their own handoffs and work interfaces. Such systems are distinct from but complementary to other high performance work systems that reinforce employee commitment to the organization or that build individual employee knowledge and skills.

### Outcomes

Though relational coordination theory is at a relatively early stage of development, it is already backed by a considerable body of research-based evidence. Findings thus far support the empiric coherence of the concept of relational coordination and the internal and external validity of the Relational Coordination Survey. Moreover, research findings thus far suggest that the strength of relational coordination ties among participants in a work process predicts an array of strategically important outcomes including quality and safety, efficiency and financial performance, customer engagement and employee outcomes.

Learn more about relational coordination - [Relational Coordination Research Collaborative](#)

Access the Relational Coordination Survey - [Relational Coordination Analytics](#)



## UNOS and Participant Obligations

UNOS Obligations and Contributions	Participant Obligations and Contributions
<p><b>Coaching and education</b> by trained performance improvement staff</p> <p><b>Tools you can use:</b> Practical applications of PDSA, Process Mapping, Root Cause Analysis and Action Planning to support improvement</p> <p><b>Change Package and Intervention Guides</b> on 3 key focus areas: Waitlist Management, Organ-Offer and Acceptance and Care Coordination</p> <p><b>Access to Webinar learnings</b> on key topics to drive improvement</p> <p><b>Access to the COIIN Collaborative Learning Web Portal</b> for best practices, resources and tools</p> <p><b>Access to COIIN Faculty</b> who have proven clinical improvements and expertise in the areas of Waitlist Management, Organ Offer and Acceptance and Care Coordination</p>	<p><b>Engage and sponsor</b> a team to support the improvement efforts. <b>Launch</b> a campaign for improvement</p> <p><b>Learn and apply</b> the tools while you improve</p> <p><b>Contribute to the refinement of existing work.</b> Intervention guides are dynamic and success depends on constant feedback</p> <p><b>Select the Right Team</b> to launch the campaign. See the Requirements for Participation and Expectations and Time Commitment in the application and operational guidelines to help identify key program personnel</p> <p><b>Support the Collaborative Framework:</b> "All Teach, All Learn, All Lead"</p>
<p><b>Introduction to the Science of Relational Coordination.</b> A scientific approach to outcomes improvement through optimizing relationships that are critical to a successful transplantation</p> <p><b>Providing the use of the Relational Coordination instrument</b> to measure baseline performance and at the end of the project life-cycle</p> <p><b>Coaching and recommending key actions</b> to support change by Relational Coordination Interventionists</p>	<p><b>Engage your partner OPO</b> and internal transplant team in a commitment to improve</p> <p><b>Commit to improve relationships</b> within the transplant team and with your OPO in the areas of timely and effective communication, problem solving, mutual understanding of shared goals and roles.</p>
<p><b>Data Mining</b> from existing data sources to drive improvement (Tiedi®, SRTR CUSUM reports) for outcome and process measurement</p> <p><b>Access to the Data Collection tool (REDCap)</b> for the few process measures that are not discrete data elements or not available through any other source</p>	<p><b>Review data monthly</b> and create action plans based on the results</p> <p><b>Commit to more frequent data submission</b> within Tiedi (30 days) to allow for more real time data analysis of the problem you are trying to solve</p>

## APPENDIX D

<p><b>Access to the COIIN Data Dashboard Tool (Tableau)</b> to provide visual displays of data and personalized, actionable data to drive improvements</p>	<p><b>Support transparency in your data analysis</b> and share your insights with your peers within COIIN during monthly collaborative discussions and ongoing interactions through the collaborative learning web portal</p>
<p><b>Access to Data Reporting Guides</b> to optimize the use of existing available reports (e.g. UNOS ROO report)</p>	<p><b>Provide feedback</b> to the Measure collection process. Process Measures are dynamic and success depends on cycles of refinement.</p>
<p><b>Waiver from MPSC review of kidney outcomes</b> during the life cycle of the project</p>	<p><b>Engage</b> in the UNOS COIIN partnership for real time improvement and innovation with timely data submission, action planning and use of performance improvement methodologies</p>
Expenses to Participate	
UNOS Covers	Participating Organization Covers
<p>UNOS COIIN Staff Personnel Costs - Performance Improvement and Research/Analytics specialists support the efforts with the transplant/OPO team</p>	<p>Cost of Transplant/OPO staff to carry out the COIIN project successfully. See Expectations and Time Commitment for Key Program Personnel in the application and operational guidelines</p>
<p>Relational Coordination Analytics and Use of Survey Instrument</p>	
<p>All Travel and Lodging Costs for Participating Transplant Hospitals representatives</p>	
<p>Development and licensing for all REDCap, Tableau and Relational Coordination Survey Tool</p>	