

COVID-19: Past, Present, and Future OPO Operations

June 11, 2020

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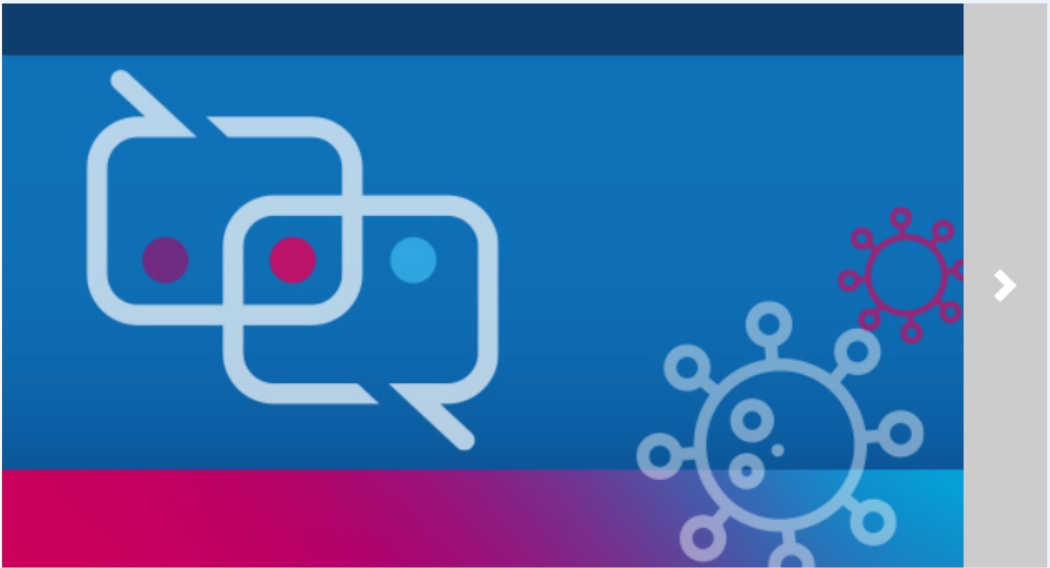
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Questions?

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Kevin O'Connor
President & CEO
LifeCenter Northwest



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Chief Operating Officer
Donor Alliance



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Maryland

Past, Present, and Future: Impact of COVID19 on LCNW Operations



LifeCenter
Northwest

Kevin O'Connor, President & CEO

Our Vision:

A future where no one dies on the organ transplant waiting list, high-quality tissue grafts are available to all in need, every donor and donor family is honored, and all employees are inspired and empowered to realize their highest potential in service of our mission.



Our Mission:

Working together to save lives through organ and tissue donation

Two goals during pandemic:

- ☐ Carry out our mission
- ☐ Ensure the safety and well-being of our staff

The Past:

- ❑ National Public Health Emergency declared by HHS (Sec. Azar) on January 31
- ❑ First reported COVID19 case in the US was on 1/20 and first US death was on 2/29 – both in WA
- ❑ February 29, Gov. Inslee (WA) proclaimed a State of Emergency for the state of Washington as a result of the COVID-19 outbreak
- ❑ LCNW instituted telework (as much as possible) on March 12 – equipped 43 home offices
- ❑ Instituted daily calls of the LCNW Emergency Management Committee on March 16
- ❑ On March 23, Gov. Inslee issued “Stay Home, Stay Safe” proclamation
- ❑ Similar directives from MT, AK, and ID (four state DSA)
- ❑ It looked like WA state was going to be overwhelmed by COVID19 (Italy was at peak at this time)
- ❑ Implemented cost-control measures in anticipation of reduced activity – goal was to retain all staff
- ❑ Pro-active outreach to our TXPs; collaborated with UWMC on donor and recipient testing*

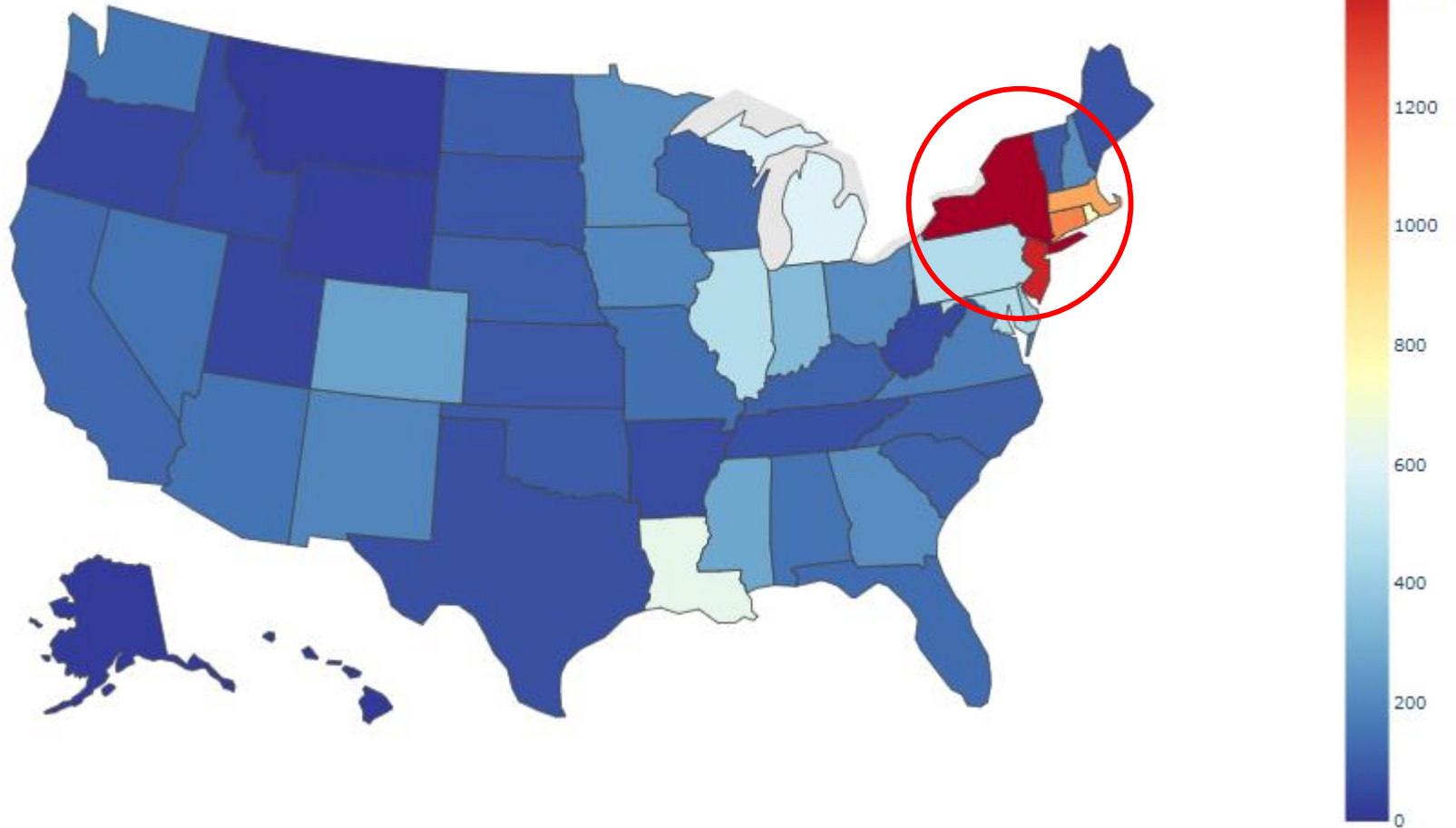
***Expedited SARS-CoV-2 Screening of Donors and Recipients Supports Continued Solid Organ Transplant** – free access on American Journal of Transplantation website

The Present:

- ☐ WA and our entire DSA fared much better than we prepared for and expected
- ☐ Continuing telework (wherever possible) for the foreseeable future (through 2020 for many)
- ☐ Offices are open for limited use – screening app questionnaire before any staff work outside of home
- ☐ Clinical staff responding on site as indicated – with some work still handled remotely
- ☐ Transitioned to virtual hospital development for the time being
- ☐ Hybrid approach to donor family support and authorization and response to referrals
- ☐ Following guidance of state governments regarding phasing back in for office work (WA DOH)
- ☐ Ring-Central is our platform for web meetings – smooth transition to virtual collaboration
- ☐ Instituted regular all staff forums with updates and interactive Q & A session (based on pulse survey)
- ☐ EMC meeting frequency down to once a week
- ☐ Virtual clinical town hall with Medical Director and Infectious Disease Medical Advisor
- ☐ After brief downturn (early April) – organ and tissue donation back on track, organ yield is still down

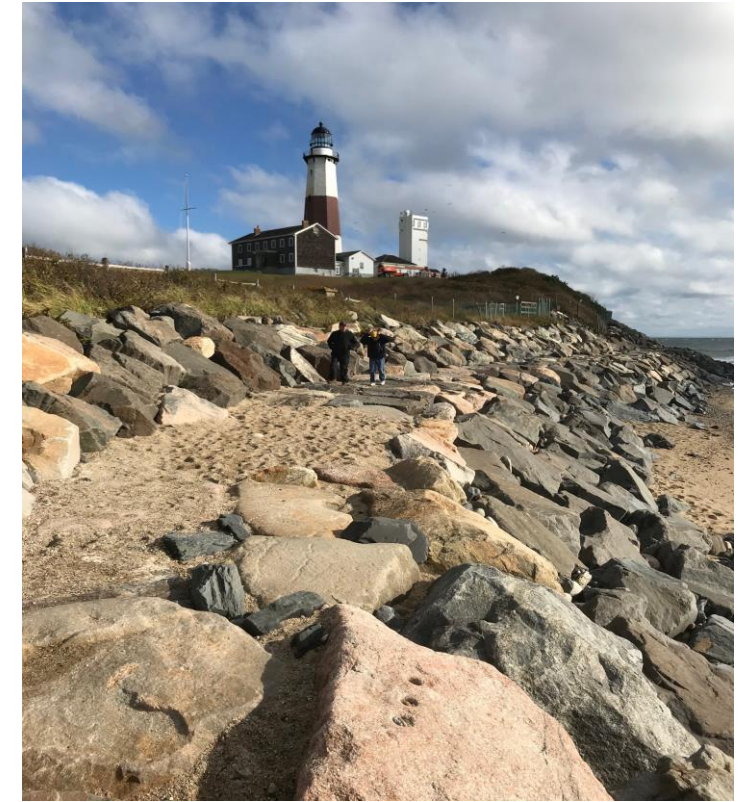
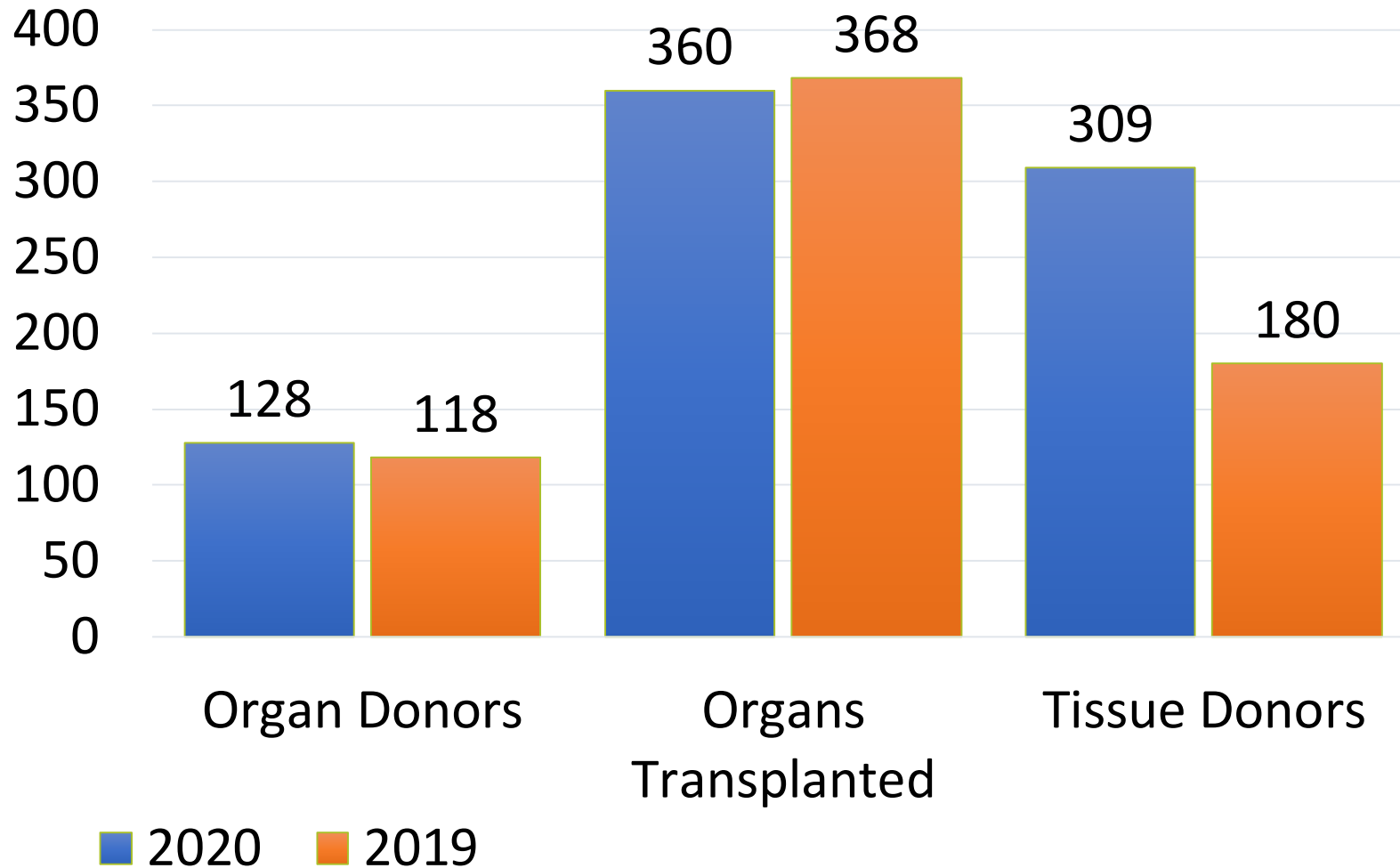
US Total Deaths as of June 9

NY and NJ death rates 75 times higher than AK and MT



<https://covid19-projections.com/maps/>

LCNW Clinical Activity through June 8



	OTPD	% DCD
2020	2.81	29%
2019	3.12	22%

The Future:

- Maintain sharp focus on our mission and the safety and well being of our staff
- No rush to move into “new normal” way of working – current approach is working well
- At some point, offices will be open with limited occupancy, cohorting, distancing, masks, etc.
- Not planning to do antibody testing, nor temp checks – will continue screening questionnaire
- Preparing for possible second wave – build up inventory, remain set up for telework as needed
- Fully leverage our existing recovery surgery model – OPO employed recovery surgeons
- Watch, wait, and learn from others – implement new effective practices that emerge
- Maintain frequent intra-OPO communication via multiple channels
- Maintain close communication and collaboration with our TXPs and donor hospitals
- Remain realistically optimistic and embrace new opportunities

Lessons Learned

- Our mission, vision, and values served as a strong foundation for decision-making and action when challenged by COVID19
- There is no “one size fits all” solution to where our work takes place most effectively and efficiently – learning opportunity
- Virtual meeting technology levels the playing field for all staff independent of location (uniform experience for all)
- We don’t (and we won’t) need as much office space as we thought we did before the pandemic
- OPO performance is influenced by many things within our control as well as other factors which we don’t have control over (e.g. incidence and prevalence of COVID19 in our DSAs)





Working together to save lives through organ and tissue donation

Donor Alliance: COVID-19 Leadership and Organizational Response

June 11, 2020

Jennifer Prinz, Chief Operating Officer



MISSION

Donor Alliance saves lives through organ and tissue donation and transplantation.

VISION

Maximizing all donation opportunities



Novel Coronavirus-19

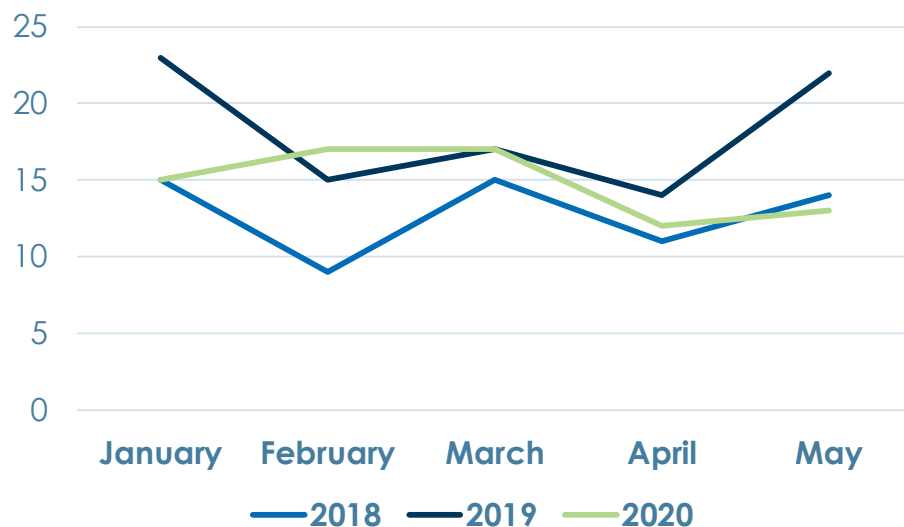
Donor Alliance Response: February Through May 2020

- February 14-Donor Alliance Executive Leadership Team (ELT) met to discuss plans to test the organization's Business Continuity Plan with a full remote work "day" scheduled for March 16, 2020
- March 11-Colorado Governor declares State of Emergency
- March 13-Donor Alliance ELT moves to a full work from home plan:
 - Prioritized workforce safety
 - Developed a list of essential and non-essential staff
 - Developed and implemented an OPO Surge Plan
 - Modified onsite response to organ referral process and deployed PPE
 - Amplified Transplant Center and community communication strategies
 - Increased supply chain communication and management
 - Monitored clinical impact
- March 23-Initiated COVID-19 PCR testing for all organ donors
- April 2020-Initiated Town Hall communication and workforce engagement strategies for staff, developed OPO Return to Work Plan (RTWP), eliminated scheduled overtime for all staff
- Present Day-Donor Alliance continues to work from home with essential and non-essential staff assignments, frequent and consistent engagement and communication, focus on workforce safety and mission, clinical activity returning to projections

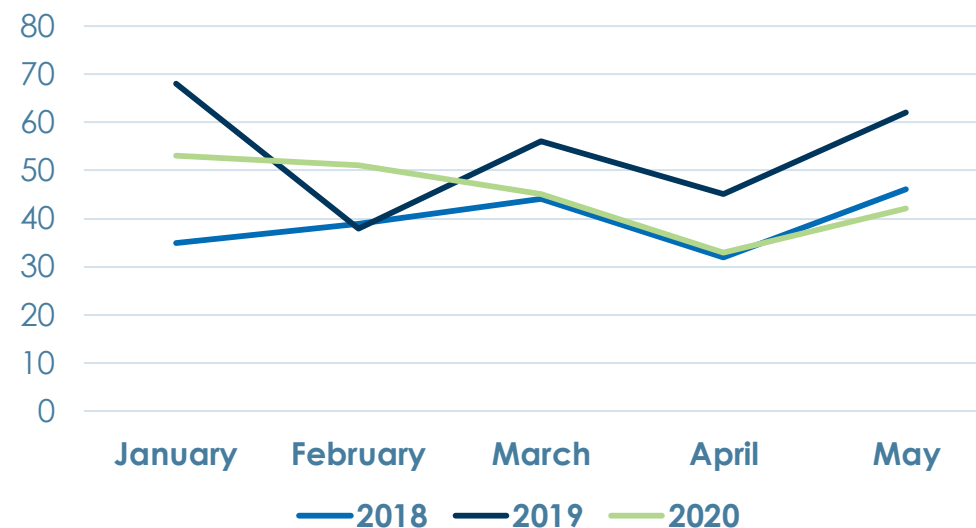


COVID-19 Donor Alliance: Clinical Impact

Organ Donors



Organ Transplants



Novel Coronavirus-19

Donor Alliance Response: June 2020

- Communication
 - Continue routine Town Hall staff meetings to share information at all levels
 - Frequent communication with transplant centers, tissue processors, and donor hospitals
- Continuing work from home processes and process of initiating virtual event planning when possible
- Return to Work Plan
 - Development completed in April 2020
 - Target date changes related to State and Health Department requirements
 - Plan includes 50% of workforce to return with temperature checks, mask and social distancing requirements in place
 - Evaluating impact on future space requirements



Novel Coronavirus-19

Donor Alliance Response: Future Plans

- Return to Work Plan target July 6, 2020
 - Clinical staff continue to work remotely
 - Temperature checks and social distancing requirements
 - No gathering greater than 10 continuing virtual team meetings
 - Continue Town Hall meeting formats
- Future Considerations
 - Workforce needs related to Families First Act
 - Hospital Development activities
 - Transplant Center and Tissue Processor requirements
 - Space needs
 - Travel requirements





Novel Coronavirus-19 Donor Alliance Top Three Lessons Learned

1. Passion, Commitment, and Resilience are key
2. Communication matters
3. Telework is possible even for OPOs



COVID-19 Past, Present, and Future Impact on Operations at LifeShare

**Jeff Orlowski
President and CEO**

Guiding Principles in Responding to COVID-19

- Protecting the health, safety, and livelihoods of our staff
 - No layoffs, furloughs, salary reductions, or reduction in hours
- Assuring we complete our lifesaving mission to the degree possible as this crisis evolves
 - Communicated these principles early to staff, to our donor hospital partners, and to our transplant centers, and have reiterated with regularity throughout

Clinical Ops Response to COVID-19

March 13 through May 18

- Began testing all organ donors for COVID-19 (3/13) – This was the biggest challenge we faced
- Adjusted clinical, family service, and hospital development operations to minimize unnecessary presence in hospitals and office
- Tissue Recovery Facility and Donation Service Center (Call Center) staff operated as normal throughout this time
- Implemented “pod” scheduling to minimize the number of co-workers anyone clinical staff member was exposed to
- Stopped flying-out with local transplant centers on imports; coordinate/facilitate with host OPO and provide same to in-bound teams

Admin Ops Response to COVID-19

March 13 through May 18

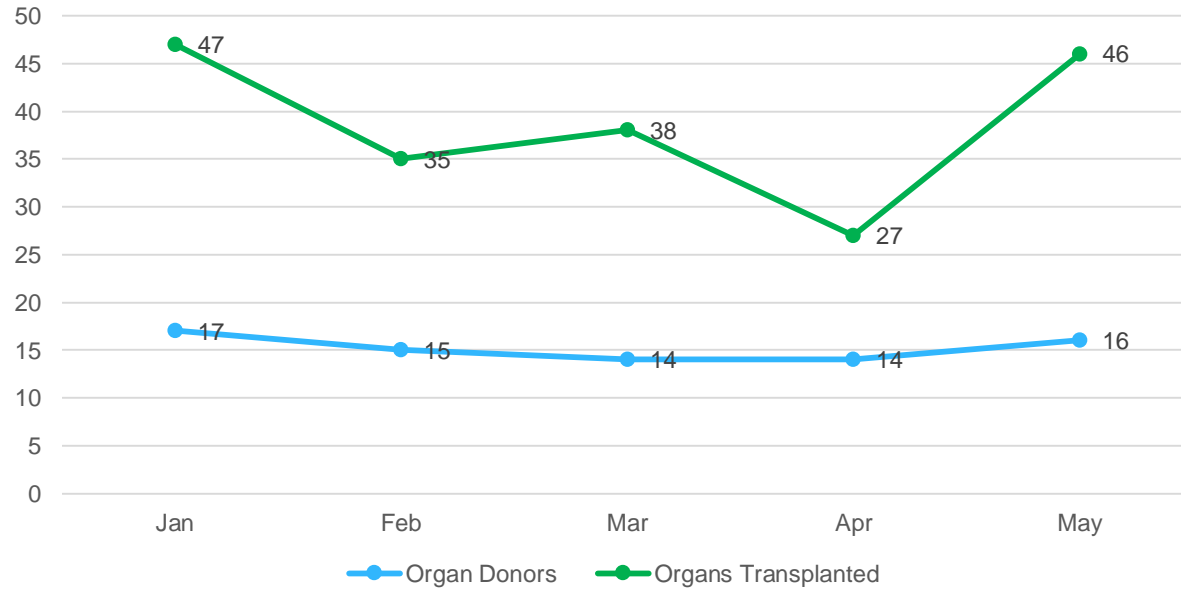
- Closed office for all non-mission critical activities and instituted telecommuting for most staff (3/16)
- Executive Team (VPs and CEO) “huddled” daily via Teams
- CEO, Medical Director, VP of Clinical Ops, and VP of HR met weekly to review and adjust policies as needed

COVID-19

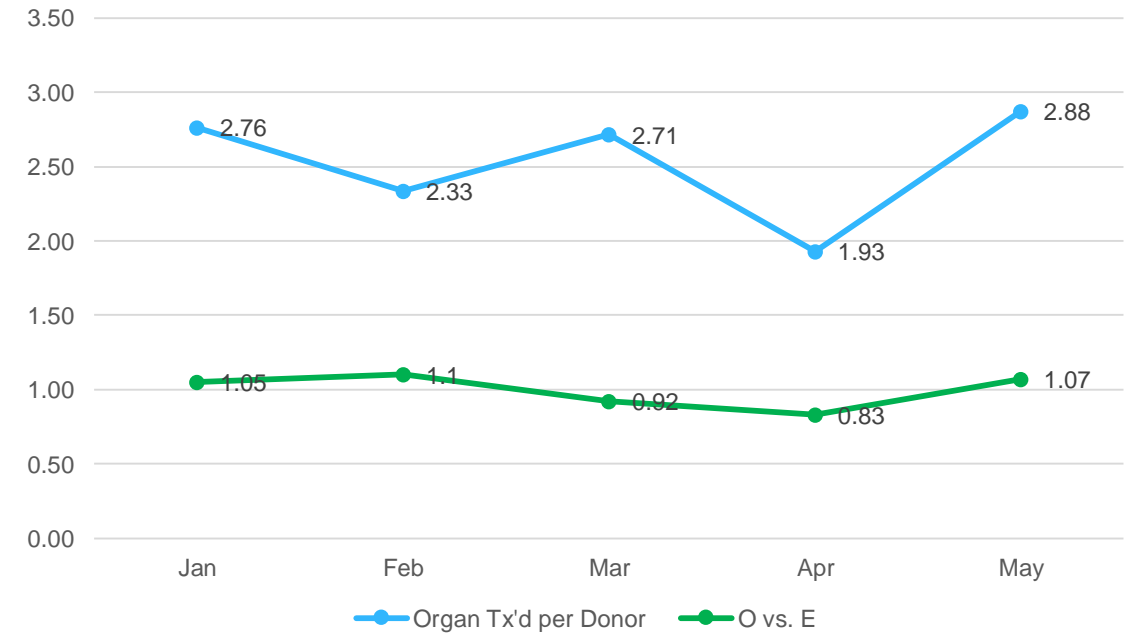
Current Situation

- All Coordinators (Organ Recovery, Surgical Recovery, Tissue Recovery, and Family Services) have been permanently reconfigured as telecommuters working from home or hospital
- Call Center and Tissue Facility operations are unchanged
- All other staff working partially from office/partially from home (effective 5/18)
- In-line with state “measured reopening” plan which is now in Phase Two

LifeShare COVID-19 Experience



LifeShare COVID-19 Experience



COVID-19 Future Plans

- Maintain Clinical and Administrative Operations under current model through June 28th at a minimum
- Evaluate this model and plan longer-term “new normal” for second half of the year
- Expect “new normal” will rely on partial office/partial work from home models for all Administrative Staff; reconfigured office and changing space needs?
- Committed to Telecommuting for Coordinators indefinitely
- Never expect to look like we did March 12 again

COVID-19

Top 3 Lessons Learned

- Our Core Values of embracing change and being a “Can-Do” organization paid off...we were able to be highly adaptable in the face of unprecedented events
- Our hospital partners are **amazing**...throughout this crisis, we never felt that our mission would be minimized or compromised despite the challenges they were facing
- Frequent and clear 360-degree communication are essential in times of crisis...you can't overcommunicate



COVID-19

Organizational Response, Readiness, and Plans

Charlie Alexander, CEO

June 11, 2020

March 9 – Mid May

- March 10, 2020
 - Maryland had 15 confirmed cases, and 2 confirmed deaths.
 - 21 in-patients (combined, confirmed and presumed COVID-19 positive) in Maryland hospitals
- March 11, 2020
 - Leadership team met
 - Decision to close the administrative offices effective 3/13/20
- Entire staff retained, no furloughs
- Teams remained in-house
 - Clinical (organ/tissue/allograft processing)
 - Communications Center
 - Logistics
- March 17, 2020
 - STAT COVID-19 testing operational for screening of all donors
 - Recently all ICU admissions are getting Hospital NP swab
 - LLF repeats with either BAL or tracheal aspirate

Today...

- Remain a remote workplace for administrative functions
 - Call Center is 50% on-site
 - I am in the office every day
- Biggest challenges
 - Slow payments, arranging work pods around staff with childcare challenges and preexisting medical conditions
- Organ program near budget
 - More donors and transplants March-May on average than January and February
 - Imports down and tissue down
- Import organs down 40% March-May
 - 25 organs transplanted from imports in May

Future Plans...

- To Antibody test or to not antibody test...
- No conference rooms in our building
 - All “in-office” meetings will be held on Teams
- On-site Clinical response continues, HS now reintegrating, and in-person authorization/family meetings.
- As we consider reopening:
 - Will have mask policies,
 - Pods of in-office work, bathroom and kitchen assignments
 - No clinical staff on-site until possibly January
- Building budgets? SAC impact? Board influence on OPO finances?

Top Three Lessons...

- Remote office operations work well....for now
- There is a lot we can live without every day
 - Catering
 - Meeting Travel
 - Staffing numbers
- We are great under pressure...sustainability is the challenge

Questions & Answers

Kevin O'Connor, Jennifer Prinz, Jeffrey Orlowski, Charles Alexander

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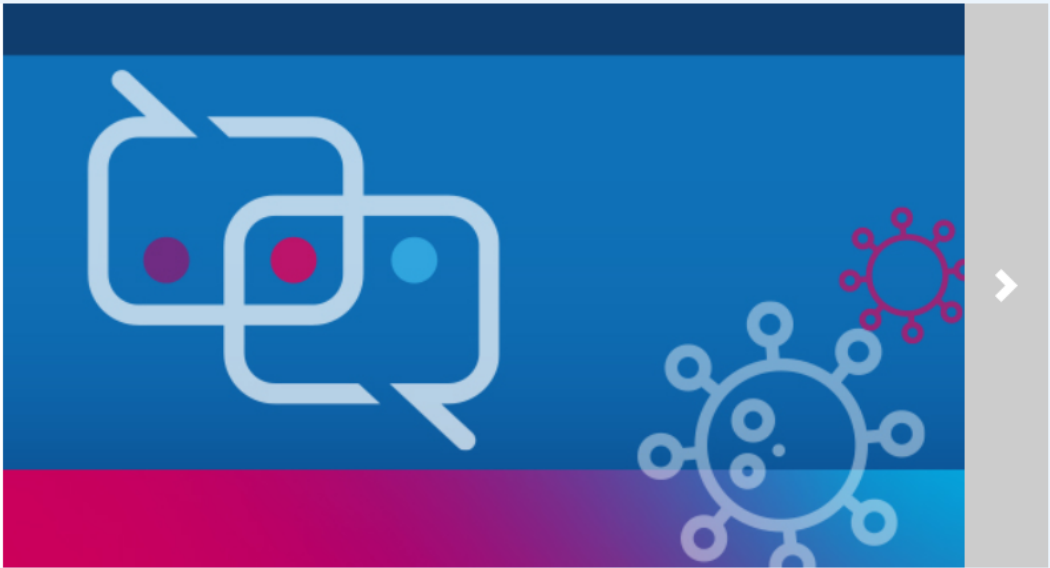
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