



Annual Report 2004-2005

Trillium
Gift of Life
Network



Ontario

Trillium Gift of Life Network

Table of Contents

3	Letter of Transmittal to Minister from Chair
4	Mandate (Trillium Gift of Life Network Act)
4	Mission, Vision, Values
5	A Message from the Chair
9	A Message from the President
10	The Year in Review
	<i>Increasing organ and tissue programs in hospitals across the province</i>
	<i>Reaching out through awareness and education programs to community partners</i>
	<i>Consolidating our role as a provincial agency</i>
	<i>Using innovative approaches to expand transplant potential</i>
19	Appendices I - II
	I. Organ and Tissue Statistics
	II. Performance Indicators
27	Appendix III
	III. Audited Financial Statements for the Year Ended March 31, 2005
39	Appendix IV-V
	IV. Members of the Board of Directors
	V. TGLN Management Group

COVER PHOTO:

Karen Nicole, kidney recipient

Letter of Transmittal to Minister from Chair

October 25, 2005

The Honourable George Smitherman
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street
Toronto, Ontario
M7A 2C4

Dear Minister,

Pursuant to the Trillium Gift of Life Network Act 2000, c.39, s.5, section 8.15 (1), on behalf of the Board of Directors of Trillium Gift of Life Network (TGLN), I respectfully submit our 2004 – 2005 Annual Report.

We are pleased to report on the progress of TGLN in 2004 – 2005 as we worked with our partners to increase the number of organ and tissue donations in Ontario. We were grateful for your support and the efforts of your staff in the Ministry of Health and Long-Term Care, the commitment of our stakeholders in the hospitals and community, as well as the hard work of our staff, in achieving new milestones in our mandate.

We look forward to fiscal 2005 – 2006, a year in which we hope to once again work together to achieve our goal of saving even more lives and seeing more Ontarians benefiting from the gift of organ and tissue donation.

Yours truly,



SUE WILSON
Chair, Board of Directors

Our Mandate

Trillium Gift of Life Network, an operational service agency of the Government of Ontario, was created to save and improve lives by maximizing organ and tissue donations in Ontario. Its' mandate (adapted from The Trillium Gift of Life Network Act) is to

- *Plan, promote, coordinate and support activities relating to the donation of organs and tissue for transplant.*
- *Coordinate and support the work of designated facilities in connection with organ and tissue donation and transplant.*
- *Manage the procurement, distribution and delivery of organs and tissue.*
- *Establish and manage waiting lists for organ and tissue transplants and establish and manage a system of fair allocation.*
- *Make reasonable efforts to ensure that patients and their families have appropriate information and opportunities to consider whether to consent to the donation of organs and tissue and facilitate the provision of that information.*
- *Provide education to the public and to the health-care community about organ and tissue donation and facilitate the provision of such education by others.*

MISSION

To enable every Ontario resident to make an informed decision to donate organs and tissue and to support health-care professionals in implementing their wishes.

To maximize organ and tissue donation in Ontario in a respectful and equitable manner through education, research, service and support.

OUR VISION

To be a world-class leader that enhances and saves lives through organ and tissue donation for transplantation.

OUR VALUES

*We are an effective, innovative leader in organ and tissue donation.
We work in an environment of honesty, trust, respect, compassion and cooperation.*

A Message from the Chair

After two years of foundation-building, fiscal 2004/05 saw Trillium Gift of Life Network (TGLN) reach out to its partners by expanding its organ and tissue programs across the province, by building relationships with youth, faith groups and our ethnically diverse population as well as consolidating its mandate as the provincial referral center for all organ and tissue donation functions. TGLN was guided in 2004-2005 by five key strategies that are the building blocks for the network's future:

- *expanding organ and tissue donor programs in hospitals across the province;*
- *developing public awareness and education programs to enable Ontarians to make informed decisions about donation and thereby improve the consent rate for organ and tissue donation within the province;*
- *building and strengthening its relationships with partners in the community and the health-care sector to leverage awareness and create a shift toward a more broadly based culture of donation in Ontario;*
- *ensuring that the Provincial Resource Centre assumed its provincial mandate and role as a single province-wide referral centre for organ and tissue donation, including responsibilities to allocate organs in Ontario and establish standards and protocols for ethical, efficient, and effective retrieval and allocation; and*
- *taking innovative approaches to increase the availability of organs and tissue for donation, so that more lives can be saved.*

The opportunity to increase organ and tissue programs in hospitals came with the approval of TGLN's first mature program budget by Ministry of Health and Long-Term Care. The recruitment of individuals with new roles and/or skills, was a consistent theme of our activity reports. A review that resulted in a clustering plan in keeping with the ministry's Local Health Integration Network model, permitted regional Donation Co-ordinators to expand our programs to all community hospitals with the potential to support organ donors

In the fiscal year 2004/05, there was a 14% increase in the number of deceased donor transplants within the province of Ontario (541 transplants), compared to the two previous fiscal years (474 and 477 respectively). Tissue donations increased by 30% to 1,671 from 1,285. While the increase in the number of transplants is encouraging, there is still work to do. We still are unable to meet the needs of our fellow Ontarians on waiting lists for transplantation. We must do better. Achieving a culture where donation consent rates match the public's reported high level of acceptance of donation is a pressing goal.

Work done with the Ministry of Health and Long-Term Care to prepare for enactment of routine notification and request components of the TGLN Act in the fall of 2005 is expected to set the stage for further growth and the introduction of a new, more meaningful performance measure. "Conversion rates"- defined as the ratio of medically eligible potential donors who become actual donors - will highlight whether health care personnel understand the requirements for donation and how successfully the conversations with potential donor families have been held. TGLN has set a conversion rate of 75% as a reasonable future target.

A Message from the Chair *continued*

Developing awareness to create a more broadly-based culture of donation in Ontario began with extending and deepening our linkages with diverse communities across the province to increase awareness and support among the public. Identifying, meeting and collaborating with community leaders in the promotion of strong faith- and culture-based rationales for organ and tissue donation was a key emphasis of TGLN's communications efforts.

As an example, TGLN created a network within the Chinese community in the Greater Toronto Area, – from cultural centres to Chinese outreach committees in hospitals – to seek input into a strategy for addressing donation barriers within the community. This approach now serves as our model for collaborating with other key ethno-cultural communities in the province.

We also forged partnerships with academic, corporate and other community partners. Community awareness and education events coordinated by TGLN staff and supported by volunteers more than doubled this year to more than 200 across the province.

National Organ and Tissue Donation Awareness Week (NOTDAW) in April, 2004 was marked by mayoral proclamations in Kingston and Windsor, a flag-raising at Sudbury City Hall, a community run in Thunder Bay, and a living green ribbon display on Parliament Hill in Ottawa as well as by more than 180 stories – including 100 with specific references to TGLN – in the media about the community partner "*Champions for the Gift of Life.*" These stories had an audience of over 12 million Ontarians.

In assuming its role as a provincial agency, TGLN took on responsibility for referral and organ and tissue allocation functions in Ottawa in 2004/05 and did the groundwork to do so in the London region. TGLN's Provincial Resource Centre will soon be responsible for allocating and placing organs on behalf of the entire province, and will ensure that organ sharing algorithms, developed with the findings of the *Allocation Principles Working Group* in mind, are applied consistently and accurately. Applying new standardized protocols for evaluating and responding to a donation referral across the province will help ensure opportunities for organ and tissue retrieval are maximized. TGLN has taken a lead role to optimize the procurement process based upon safety, efficiency and effectiveness.

TGLN also joined the *Organ Donation Breakthrough Collaborative* in 2004, an initiative of North American organ procurement organizations, which uses a quality improvement approach to maximize organ donations in hospitals. Quality improvement and cooperation with partners became the underpinnings of all we do. The collaborative provided a framework to assess our processes, analyze our strengths and weaknesses and identify best-practice methodologies to apply across the province to improve organ and tissue donor identification and retrieval. Involvement led TGLN to shift the focus of some programs and to re-orient or create others.

Timely, accurate information also is critical to the success of the provincial agency. In 2004/05 TGLN began to build and implement its new TOTAL information system to support daily operational requirements and longer-term strategic decision-making. The TOTAL system will ensure that all stakeholders receive more useful information.

We also established stronger links with our partners in the healthcarehealth-care community nationally. We increased participation with the *Canadian Council for Donation and Transplantation*, the *Canadian Association of Transplantation* and the *Canadian Society of Transplantation*. During the course of the year, these endeavours had a significant impact in how we assessed and directed our programs, activities and goals.

Innovative approaches to increasing the number of organ and tissue transplants in future were also initiated this year. Living donations increased from 193 to 256 in 2004/05. Having identified a need to build cohesive province-wide strategies to achieve improvements in living donation, TGLN began the development of a Living Donation Program Strategy. The key components of the strategy under development include advocacy, the establishment and nurturing of productive partnerships, professional and public education, and the creation of appropriate guidelines and evaluation mechanisms.

The Board of Directors also approved a facilitation role for TGLN in paired list exchanges and undertook the planning and preparation to support hospitals wishing to extend the option of organ donation after cardiac death to patients and their families. For the last two decades, individuals who have died as a result of irreversible loss of cardio-respiratory function have been considered potential tissue donors only; they have not been able to donate organs for transplantation.

Fiscal 2004/05 saw changes in leadership. In January 2005, the Board of Directors welcomed Dr Frank Markel as the network's new President and CEO. Dr. Markel brings to TGLN a wealth of experience and a thorough understanding of the health-care system of Ontario as well as strong relationships with hospital executives, and health care practitioners throughout the province. His experience and his commitment to improving and saving lives of Ontarians awaiting organ and tissue transplantation make him an ideal individual to lead TGLN at this critical time in its evolution.

I wish to express my deepest gratitude to Brian Flood, the founding Chair of TGLN. He was instrumental to TGLN's arrival to this stage of development. His clear vision and tireless efforts led to the creation and early development of TGLN. We are grateful for his accomplishments, as well as his continued support and wise counsel, as TGLN strives to increase the availability of organs and tissue for transplantation.

I also wish to acknowledge the contribution of those who served with distinction on the Board of Directors during 2004 – 2005 and whose terms expired during the year: Mr. Frank Bagatto, Mr. Dean A. Connor, Ms. Barbara Fox, Mr. Bob Nesbitt, Dr. William Wall and Dr. Giuseppe (Joe) Pagliarello.

With the approval of the Network's first mature budget by the Ministry of Health and Long Term Care, we have been able in 2004-2005 to build, implement and expand programs. In this regard we extend our thanks to Premier Dalton McGuinty and Minister of Health and Long Term Care George Smitherman, who continue to champion the cause of organ and tissue donation.

The Minister's vocal advocacy, along with the support of ministry staff and the sense of purpose and commitment of our Board of Directors, staff and volunteers; as well as the cooperation extended to us by physicians, hospital staff, tissue bank representatives and the healthcarehealth-care community at large create optimism that a culture of organ and tissue donation will take root in Ontario.

As Chair, I am confident that TGLN, as it continues to educate, build awareness and create valuable partnerships with a diverse group of stakeholders will lead the way in helping to create that culture so that one day, organ and tissue donation will be an accepted – and expected – part of quality, compassionate, end-of-life care.



SUE WILSON
Chair, Board of Directors

A Message from the President & CEO

I am honoured to have been chosen as Trillium Gift of Life Network's new President and Chief Executive Officer. I began my tenure in January 2005, serving for the last three months of the 2004/05 fiscal year, to which this annual report pertains.

Let me begin my remarks by thanking the board and staff of Trillium Gift of Life Network for the warm welcome they have extended as I began to find my way at TGLN. While my career in health care spans over 25 years, I can honestly say that I have never known a cause as compelling as that of organ and tissue donation. Since coming to TGLN, I have met recipients of transplants, members of donor families, and living donors. I have marveled at the miracle of life extended to the recipients, and at the incredible generosity of donors.

While TGLN certainly has its share of challenges, I am comforted by the solid base for progress that has been established. In particular, I thank Sue Wilson, my present board Chair, and my predecessor as Acting President and Chief Executive Officer, for the leadership she has shown in both positions, all of which has made my work a great deal easier.

I also want to give recognition to Brian Flood, founding Chair of the board of TGLN, for his incredible vision, which led directly to the establishment of TGLN, and for his warmth in welcoming me into the fold.

My first three months at TGLN have largely been about learning. I have had the opportunity to meet all of our staff, individually, and in small groups, our new board members, and many of our volunteers. I have also had the pleasure of meeting many members of the transplant community, our partners in this noble endeavour. It has been a wonderful opportunity for me to learn the intricacies of a new subject, and I welcome the challenge.

My emphasis, initially, has been to reaffirm the importance of our participation in the *Organ Donation Breakthrough Collaborative*, and the need for our organization to embrace and act upon the fundamental ideas of the collaborative, as a cornerstone of our work to increase organ and tissue donation in the province of Ontario.

I have also recognized the need for more comprehensive planning exercises with respect to both the organization of tissue donation in the province, and to define the role of TGLN with respect to living donation, and I have taken the first steps to begin this work in my first months with the organization. Internally, my emphasis has been to establish a solid foundation for human resource management within the organization, and I acted quickly to arrange for a review of human resource policy by the Hay Group.

As I have told my friends since coming to TGLN, I feel that I have found absolutely the best job of my career. I am determined to provide Trillium with the leadership it deserves.



FRANK MARKEL, PhD
President and CEO

The Year in Review

In Ontario the need for organs and tissue consistently exceeds availability. On average, one individual dies waiting for a transplant every three days. Despite the compelling case for organ and tissue donation and Ontarians' high rate of approval of the practice, the province's donation rate does not meet the needs of our fellow Ontarians on the waiting list. It is against this backdrop that Trillium Gift of Life Network (TGLN) and its partners work to develop and implement programs that seek to identify all opportunities for organ and tissue donation for transplantation, to save more lives through organ transplantation and increase the numbers of those whose quality of life can be improved through tissue transplantation. Our challenge is a large one.

Fiscal 2004-2005 was a year of growth, as well as a year of change in direction. After two years of foundation building, Trillium Gift of Life Network (TGLN) turned its efforts toward

- *expanding hospital-based organ and tissue donor programs;*
- *developing public awareness and education programs to enable Ontarians to make informed decisions about donation and thereby improve the consent rate for organ donation and tissue donation within the province;*
- *building and strengthening its relationships with partners in the community and the healthcare sector to leverage awareness and create a shift toward a more broadly based culture of donation in Ontario;*
- *ensuring that the Provincial Resource Centre assumed its provincial mandate and role as a single province-wide referral centre for organ and tissue donation, including responsibilities to offer and allocate organs in Ontario and establish standards and protocols for ethical, efficient, and effective retrieval and allocation;*
- *taking innovative approaches to increase the availability of organs and tissue for donation, so that more lives can be saved.*

Working to increase hospital-based organ and tissue programs

There was a 14% increase in the number of deceased organ donor transplants within the province of Ontario in 2004/05 (541), compared to the two previous fiscal years (474 and 477 respectively). Organs were recovered from 142 deceased donors, an average of 3.8 organs per donor; 97% (524) of these organs were transplanted, compared to 90% (454 of 504) in 2003/04. Despite this increase in donations, Ontario still has much room for improvement in its donation rates (defined as donations per million population). Ontario's rate is 12.4/million, which is below both the national deceased donor rate of 13.1/million and far below the best performing province of Quebec, where the donor rate is 18.0/million.

In order to achieve these results, TGLN had to have a strong referral process in place. In 2004/05, referrals from neurosurgical and neurotrauma hospitals increased by 45% over 2003/04 (322 to 467 referrals), while referrals from community hospitals grew by 17.8% to 86 (from 73 the previous year). There was also a 51% increase in tissue donation referrals over the previous year. Referrals with organ donation potential increased 38.5% to 547 (from 395 referrals) and those with tissue donation potential grew 11.6% to 1,748 (from 1,566).

This progress toward meeting TGLN's mandate was the result of four key strategic initiatives implemented during the year.

The first decision was to review how best to employ regional Organ and Tissue Donation Co-ordinators to maximize their effectiveness and efficiency.

Our hospital-based Organ and Tissue Donation Co-ordinators (OTDCs) are key to the creation of awareness of the need for organ and tissue retrieval within hospitals and the development of a culture that considers donation a standard part of end-of life care. These individuals provide expertise, assistance and support to neurosurgical and trauma programs in all aspects of their organ donation-related activities; provide training to health-care workers; recommend and assist in implementing donation process improvements; customize and assist in implementing organ and tissue donation protocols; and assist in the creation and operation of the hospitals' Organ and Tissue Donation Committees.

Our goal was to enhance deceased donor organ and tissue donation activity in major trauma and neurosurgery hospitals and expand activities to community hospitals with the potential to support donation. By analyzing geographic referral patterns that took into consideration hospital capacity, donation history and annual number of deaths, community hospitals that could be served by a single regional Donation Co-ordinator were identified. These hospital clusters are in alignment with the Local Health Integration Network model of the Ministry, and were used as the basis for TGLN's hiring strategy for the year.

The approval of the addition of eight Donation Co-ordinator positions allowed greater emphasis to be placed on the 60+ community hospitals identified as having the potential to support organ donation. Three co-ordinators were hired and in place by the end of the fiscal year.

The second major initiative was to maximize organ and tissue donations through participation in the Organ Donation Breakthrough Collaborative.

Sponsored by the United States Government Department of Health and Human Services, the collaborative encourages organ procurement organizations to share and adapt best practices and promote rapid integration of these practices. Highlighted for us were the importance of timely referrals, tracking of missed referrals and "withdrawal of treatment" triggers for referral. This resulted in senior management at TGLN and the hospitals working together to improve methodology.

TGLN established pilot projects as part of the collaborative with three hospitals in the Greater Toronto Area – St. Michael's, University Health Network (Toronto Western Hospital), and Sunnybrook and Women's College Health Sciences Centre.

These pilot sites established real-time health record reviews to identify their performance and set realistic targets that reflect true potentially-eligible-for-donation deaths. TGLN's new TOTAL database system will be a significant enabler to tracking real-time performance in all organ donation hospitals.

THE PEOPLE OF TGLN

Gail-Anne Harris

TGLN Organ and Tissue Donation Coordinator (Kingston)

A youthful, active grandmother, Gail-Anne's life was touched by organ and tissue donation long before she joined TGLN in 2003.

When an aunt died in hospital and the family agreed to the donation of both organs and tissue and a few years later, in 1988, a beloved uncle passed away while awaiting a kidney transplant, Gail-Anne's passion for donation was kindled. Her own life experience and thirty years as a Registered Nurse in the ICU help her to bring genuine understanding and compassion for the families and staff with whom she interacts.

She and her husband Ted have raised four children and one foster child, and now enjoy their first grandchild, Liam. Gail-Anne is involved in her local community through Girl Guides, Community Living Kingston, as well as the "Think First" program, which promotes head and spinal chord injury prevention awareness.

Gail-Anne says her work as an organ and tissue Donation Co-ordinator has shown her that "something good really can come from tragedy."

KEY FAITH AND ETHNO-CULTURAL GROUPS

TGLN collaboration with key faith and ethno-cultural groups:

- The Chinese Cultural Centre of Greater Toronto
- Chinese Renal Association, The Kidney Foundation of Canada
- Chinese Outreach Committee, The Scarborough Hospital
- Fairchild Media Group
- Yee Hong Centres
- Nalanda College of Buddhist Studies
- International Muslims Organization
- Ja'ffari News
- Catholic Woman's League
- Jamaican Canadian Association
- Punjabi Community Health Centre

TGLN COLLABORATION WITH FAITH GROUPS

- Buddhism
- Christianity: Anglican, Baptist, Polish Catholic, Roman Catholic and United churches
- Hinduism
- Islam
- Judaism
- Sikhism

In fiscal 2005/06 we expect to build on the collaborative framework and work with our hospital partners across the province to establish the processes and necessary supports for efficient and effective identification and referral.

The goal for all hospitals with the capability for donation is to foster a culture that routinely offers organ and tissue donation as part of quality end-of-life care.

The third key component to raising the number of donations and transplants was the work done with the Ministry of Health and Long-Term Care to prepare for enactment of routine notification and request components of the TGLN Act.

Proclamation of the 'Notice and Consent' Part of the Trillium Gift of Life Network Act anticipated in the fall of 2005 will require every hospital to notify TGLN of every death, and where it is determined that there is donation potential, provide the opportunity to approach the family about the option of donation. TGLN completed the groundwork for introducing hospitals to routine notification and request in 2004/05, for piloting in early 2005/06.

The new requirements have set the stage for the introduction of a new, more meaningful performance measure. "Conversion rates"-defined as the ratio of medically eligible potential donors who become actual donors. This performance measure will highlight whether health-care personnel understand the requirements for donation and how successfully the conversations with potential donor families have been held. TGLN has set a conversion rate of 75% as a reasonable future target.

The fourth strategy was to build on education programs. We continued to develop awareness and educational materials for health professionals, patients and the public, including a variety of posters, pamphlets and brochures, as well as enhanced website content.

TGLN Donation Co-ordinators delivered hospital-based education programs in emergency and intensive care units this year, focusing on those hospitals deemed to have the highest donation potential. Co-ordinators already in the major neurosurgical and neurotrauma hospitals also reached out to community hospitals serving their common catchment populations.

TGLN held its first provincial professional forum (called the Physician Forum) to discuss organ and tissue donation legislation and new Canadian guidelines for neurological determination of death. Regional meetings were linked by satellite to enable 50 specialist physicians, along with related healthcare professionals and TGLN staff to hear from a panel of medical, legal and ministry representatives. While the majority agreed the forum was an effective way to introduce the TGLN Act, further information sessions and support will be necessary to ensure better understanding of the requirements and how to implement them.

Developing appropriate organ and tissue donation protocols was part of the expanded support to hospitals in 2004/05. *The Donation Resource Manual*, a primary tool to guide health-care professionals through the organ and tissue donation process, was completed and distributed. Adoption of best practices from the *Organ Donation Breakthrough Collaborative* that need a Donation Co-ordinator to be onsite as soon as possible after a referral call has been received to ensure a thorough and active approach to solicitation is another important health professional support enacted this year.

To ensure that end-of-life care consistently includes the option of organ and tissue donation, TGLN's provincial *Donor Family Council* provided advice on the creation and allocation of educational and support tools and training for health-care professionals. *The Donor Family Council* also developed the *Family Aftercare Support Program*. It includes a Family Bill of Rights and materials to assist potential donor families to understand their options, how to make the decisions, as well as listings of the community resources available to them after they leave the hospital. Donor family recognition programs previously in place in Toronto were expanded to other parts of the province.

Deceased Organ Donations by Hospital

April 1, 2004 to March 31, 2005

Hospitals	2004 - 2005	2003 - 2004	2002 - 2003
Central Region			
St. Michael's Hospital	18	11	18
Sunnybrook and Women's College Health Sciences Centre	8	11	10
Toronto Western Hospital	6	5	2
The Hospital for Sick Children	1	3	2
Trillium Health Centre	14	5	4
Northern Region			
Hôpital Régional de Sudbury Regional Hospital	8	9	7
Thunder Bay Regional Health Sciences Centre	4	3	2
Eastern Region			
The Ottawa Hospital	17	16	24
Kingston General Hospital	9	5	5
Children's Hospital of Eastern Ontario	0	4	0
Southwest Region			
London Health Sciences Centre	14	24	21
Hamilton Health Sciences	15	11	16
Hôtel-Dieu Grace Hospital, Windsor	4	4	4
<i>Sub-Total Neurosurgical/Trauma Hospitals</i>	<i>118</i>	<i>111</i>	<i>115</i>
<i>Deceased Organ Donations from Community Hospitals</i>	<i>24</i>	<i>25</i>	<i>18</i>
Total Deceased Organ Donations	142	136	133

Optimizing tissue donation and tissue recovery processes and creating/sustaining a positive tissue donation culture

The 2004/05 year saw a 30% increase in tissue donations, to 1,671 from 1,285. This resulted from a 51% increase in tissue donation referrals. Most hospitals and facilities across the province now use TGLN staff to facilitate the tissue donation process. Despite the increase in tissue donations, Ontario's tissue banks are currently meeting only 10% of the need. More than 2,000 patients each year wait for life-enhancing tissue transplants, and the demand, particularly for musculoskeletal allografts, is projected to increase exponentially due to population demographics, as an aging Ontario population will have increased musculoskeletal, as well as ocular and cardiac problems.

TGLN is responsible for managing tissue donation activities in Ontario and for improving the donation system across the province, in which there are identified gaps and shortcomings. As we move forward in establishing strategies and practices to increase organ donation rates, tissue donation activities must advance in parallel.

In 2004 – 2005, *The Ontario Eye Donation Working Group*, TGLN and the *Eye Bank of Canada (Ontario Division)* worked together to determine the current state of ocular donation and banking in Ontario, and the projected impact of the TGLN Act Routine Notification and Request (RNR) regulations. Because more than 75% of all deaths occurring in hospitals have the potential to become tissue donors, there will be significant opportunities for the tissue procurement system in the province once the requirement is formally in place that all facilities notify TGLN of all in-hospital deaths.

TGLN will work with stakeholders in Ontario to address these challenges to ensure that there are significant increases in tissue donation conversion rates in the coming years.

Reaching out through awareness and education programs to our community partners

The goal of public awareness and education is to ensure that Ontarians are equipped to make informed decisions about organ and tissue donation, and understand the importance of sharing their wishes with their loved ones. A focal point for TGLN's activities in 2004/05 was to mobilize and support grassroots efforts in public education, with special emphasis on areas in greatest need of high impact change.

Toronto's population, with its great ethnic and religious diversity was identified as the area of greatest potential for improvement in donor rates. Ethno-cultural and religious beliefs, not necessarily in conformity with the actual position of community leaders, can be barriers to organ and tissue donation, not only for individuals and their families, but also for hospital staff considering strategies to enhance donation rates. Identifying, meeting and collaborating with community leaders in the promotion of strong faith- and culture-based rationales for organ and tissue donation was a key emphasis of TGLN's communications efforts, and an area of significant success in the fiscal year.

TGLN's community relations staff played a key role in coordinating the Chinese community study of the *Canadian Council for Donation and Transplantation's (CCDT) Diverse Communities Project*. TGLN created a network within the Chinese community – from cultural centres to Chinese outreach committees in hospitals – to seek input into a strategy for addressing donation barriers within the community.

This approach now serves as our model for collaborating with other key ethno-cultural communities, and was adopted by CCDT to complete their research initiatives with other ethno-cultural groups. The results of the Diverse Communities study formed the advice of CCDT to the Conference of Deputy Ministers of Health on a coordinated strategy for organ and tissue donation.

Community awareness and education events coordinated by TGLN staff and supported by volunteers more than doubled this year to more than 200. These events ranged from the on-campus awareness, workplace health and safety seminars, institutional health fairs, lay and professional association meetings, and community service club presentations in virtually every corner of the province.

Targeting youth of all backgrounds is an important strategy that led to the development of a relationship with the Ontario School Board Association and a meeting of Youth Outreach advisors. This was chaired by Sarnia's Kristopher Knowles, a 15-year old awaiting a liver transplant. Kristopher's cross-Canada tour promoting organ donation captured the hearts and minds of media, the public, and the thousands of students he addressed at schools visits during the year.

Post-secondary student associations from 15 institutions embraced campus promotion of organ and tissue donation and 65,000 donor cards were handed out with frosh kits in September. Included in these campus awareness efforts were future health-care professionals at Humber College, George Brown College, Ryerson University and McMaster University who have embraced donation education and are promoting our cause with their peers.

We also forged partnerships with corporate and other community partners. Corporations, municipalities, sports organizations, law enforcement agencies, automobile dealer associations and others have become "*Champions for the Gift of Life*," by helping their employees and constituencies become aware, and understand the value, of organ and tissue donation. The launch of our "*Champions for the Gift of Life*" program coincided with *National Organ and Tissue Donation Awareness Week (NOTDAW)* in April, 2004.

Always an important occasion, the week was marked by mayoral proclamations in Kingston and Windsor, a flag-raising at Sudbury City Hall, a community run in Thunder Bay, and a living green ribbon display on Parliament Hill in Ottawa. Elsewhere, the Minister of Health and Long-Term Care George Smitherman, and our founding "*Champions for the Gift of Life*," the Toronto Automobile Dealers Association and York Region Police, took part in media activities that helped to create broad-based and positive coverage of organ and tissue donation across the province. More than 180 stories – including 100 with specific references to TGLN – were run during the week, with an audience of over 12 million Ontarians.

THE PEOPLE OF TGLN

J. Paul R. Howard
TGLN Volunteer, Windsor, Ontario

Paul Howard was 14 when he contracted chronic hepatitis. Ten years later, in 1987, Paul was diagnosed with Crohn's disease and a year later with primary sclerosing cholangitis (PSC). He knew that some day he would require a liver transplant.

A successful lawyer based in Windsor, Paul has written many papers on a range of legal subjects, earned his Masters of Law degree from Osgoode Hall Law School and also teaches Education Law at the University of Windsor.

Despite this obvious success, Paul has lived a challenging life fraught with chronic illness. First placed on a waiting list in the spring of 2001, his condition deteriorated quickly in the fall of that year. In December 2001, he received a new liver.

Paul recalls how, after his transplant, the sparkle returned in his wife, Sheila's eyes. "My life had been returned to me, to us, by the grace of God and my donor family. They shall forever more remain in our prayers."

Paul and Sheila give gladly of their time as volunteers for TGLN, because, as he says, "I'm trying to find some way to say 'thank you' for the gift of life I received." ○

In addition to the media promoting awareness and support of organ and tissue donation, TGLN's television and radio commercials were run as public service announcements throughout the year, including during prime-time evening television programming and radio drive-times for commuters, and we are grateful for this support from the media industry.

One of the key strategies for public awareness in our 2004/05 business plan was to supplement publicity and public service messages with paid media efforts during times of the year families are likely to be together. The December/January holiday period was selected as the highest priority opportunity, and TGLN's "Thank You" commercial was run in movie theatres in key population centres where neurosurgical/neurotrauma hospitals are located.

Finally, as part of our ongoing efforts to inform and educate public and professional audiences, our web site – www.giftoflife.on.ca – was enhanced with content aimed at a range of interested groups and individuals, including healthcare health-care professionals.

Consolidation of TGLN role as a provincial agency

In 2004/05, TGLN, in collaboration with The Ottawa Hospital and London Health Sciences Centre, worked to consolidate its role as the province-wide referral and allocation centre for organ and tissue donation.

TGLN took responsibility for the referral and allocation functions in the Ottawa region at the end of March; these functions will move from London to TGLN in August, 2005. TGLN's Provincial Resource Centre will soon be responsible for allocating and placing organs on behalf of the entire province, and will ensure that organ sharing algorithms are applied consistently and accurately.

A state-of-the art information system is needed, however, to support both the day-to-day clinical needs of organ and tissue donation in the province, and also the long-term, strategic decision-making. In 2004/05 TGLN began to build its new TOTAL information system that is expected to be fully implemented in 2005.

The TOTAL system assists in collecting and analyzing data relating to organ and tissue donation and transplantation in order to ensure the best and safest match. The new system will help ensure that information is delivered in a more accurate and timely manner to key stakeholders, including the ministry, transplant program partners and the Canadian Institute for Health Information, and to TGLN itself. The scheduled implementation in the final six months of 2005/06 will allow for greater data-driven decision-making and will also provide operational support for hospital organ donation and transplant programs.

Throughout the year, TGLN also established stronger links with partners in the broader transplant community. We increased our participation with the Canadian Council for Donation and Transplantation, the Canadian Association of Transplantation and the Canadian Society of Transplantation. These relationships reflect an increasing influence of our provincial network at the national level.

Standardized protocols for evaluating and responding to a potential donation case have been developed and are being used by TGLN's Provincial Resource Centre. These protocols help to ensure that every opportunity for donation is maximized.

Because of varying practice across the province, TGLN has taken a lead role to optimize the procurement process based upon safety, efficiency and effectiveness. Its role in tissue procurement is still being considered within a broader provincial program strategy. The organization is committed to playing a leadership role in determining how procurement services are delivered in Ontario.

Using innovative approaches to increase the availability of organs for transplantation

TGLN has worked with the medical community on three innovative approaches this year: addressing barriers to living donations, paired list exchanges and organ donation after cardiac death

Addressing barriers to living donation

We believe there is a need to build cohesive province-wide strategies to achieve improvements in living donation, and began the development of a *Living Donation Program Strategy*, initially through consultation with the 12 living donor transplant programs in the province, as well as other system stakeholders. The key components of the strategy under development include advocacy, the establishment and nurturing of productive partnerships, professional and public education, and the creation of appropriate guidelines and evaluation mechanisms.

TGLN worked closely with the government and transplant programs to determine appropriate and necessary levels of funding to hospitals for living donation transplant activity.

We began to forge relationships with *The Kidney Foundation* and *The Liver Foundation* to address common interests, and together with the *Canadian Council for Donation and Transplantation* we initiated a plan to advocate for the creation of tax credits and grants for living donors from the federal Ministry of Finance. With the Ministry of Labour in Ontario, we began discussions concerning job protection for living donors. Through the support of the Ministry of Health and Long-Term Care, we also look to enhance the criteria for home-care provision in the province to include living donors.

Other key stakeholders included dialysis and pre-dialysis clinics, and TGLN personnel made presentations to patients and staff and conducted two regional conferences for these centres. The strategic planning process begun in 2004/05 will conclude in the next fiscal year.

List Exchange Program

TGLN took another major step to improving transplant wait times with the board's decision to approve TGLN's facilitation role in list exchanges. For the first time, a recipient who has someone willing to make a living donation to them that is blood type or cross match incompatible is able to shorten their wait for a transplant, while facilitating transplant to another person on the waiting list.

SOME OF THE 200+ COMMUNITY EVENTS

- The Chinese Canadian Medical Society's Symposium for Chinese Family Doctors
- Sabbath Service: Jewish Perspectives on Organ and Tissue Donation at Temple Emanu-El in Toronto
- "Run for Life" in Thunder Bay
- Chinese Cultural Centre of Greater Toronto Health Awareness Day
- The Labatt Classic Golf Tournament in Memory of Scott Patterson in North Bay
- Leamington Fire Department dinner in honour of Sean McInnes
- Dental Nurses Association
- London Doctors' Secretaries Association
- Canadian Diabetes Association: Ontario Science Centre Health and Wellness Exhibits
- St. Thomas Santa Claus Parade
- Oshawa Senior Citizen's Expo
- Thunder Bay Hydro
- Poole Mennonite Church, Stratford
- Holy Trinity Church Catholic Women's League, Sudbury
- Women's Institute of Solina
- Probus Club, Waterdown
- Spring into Health: Kitchener Women's Association Annual Conference
- York University Community and Social Services Fair
- Boehringer-Ingelheim Health and Safety Day
- Workplace Safety and Insurance Board Awareness
- Lions Clubs
- Rotary Clubs

THE PEOPLE OF TGLN

Rizwana Ramzandi
TGLN Volunteer, London, Ontario

Diagnosed with diabetes at the age of 9 in her native Kenya, Rizwana has led a full, though not always fully healthy life. By the time Rizwana and her husband moved to Canada, she found her condition had deteriorated significantly.

From 1997 on, dialysis provided a difficult but necessary bridge to what she really required: a transplant. By 2003, her situation was urgent. Placed on the transplant list in her home community of London, Ontario in March 2004, the "call" came in August of that year.

Someone who had made a decision, long before, to give life to someone else donated a kidney and pancreas to Rizwana.

A deeply involved TGLN volunteer, Rizwana now travels extensively across the province, sharing, teaching and touching lives. Looking back, Rizwana says simply, "My donor did not leave me with two gifts, but with four: a kidney, a pancreas, determination and inspiration." ○

If other options, such as direct living donation, or paired exchange have been exhausted, living donors may be eligible for what is known as list exchange and living donor/deceased exchange. In this situation, a living donor who is not compatible with the intended recipient donates to a stranger on the waiting list. In return, the first intended recipient advances to the top of the waiting list for a deceased donor organ. Creating awareness of this option among health-care professionals, potential donors and the public is critical to furthering paired list exchanges.

Organ donation after cardiac death

The third innovation initiative to increase the availability of organs for transplantation is known as organ donation after cardiac death. This is a procedure whereby organs are recovered following pronouncement of death based on cardio-respiratory criteria rather than neurological criteria. For the last two decades, individuals who have died as a result of irreversible loss of cardio-respiratory function have been considered potential tissue donors only; they have not been able to donate organs for transplantation.

In 2004/05, TGLN undertook the planning and preparation to support hospitals wishing to extend the option of organ donation after cardiac death to patients and their families. A strategic plan is pending approval.

Appendix I Organ and Tissue Donation Statistics

Deceased Donor Referrals

The first step in the organ and tissue donation process is identifying potential organ donors whose families may be offered the option of donation.

Deceased Donor Referrals				
	Neurosurgical/ Trauma Hospitals	Community Hospitals	Total Organ Referrals	Total Tissue Referrals
2004 - 2005	467	86	547	1,748
2003 - 2004	322	73	395	1,566
2002 - 2003	224	60	284	1,307
% referrals increase from 2003/04 to 2004/05	45%	17.8%	38.5%	11.6%

Consent Rates for Organ

Consent rates (defined as the number of positive consents received, divided by the number of approaches made) for donation dropped slightly in fiscal 04/05. This was possibly because a change in practice has led to more approaches being recorded. Note that the number of positive consents will not equal the number of donations, due to cases deemed medically unsuitable for transplantation being included in calculations.

Deceased Donors (Ontario)	2002-2003	2003-2004	2004-2005
Actual Donors	134	135	142
Approaches	201	241	297
Consent Rate*	0.69	0.58	0.5

* Note that the number of positive consents will not equal the number of donations, due to cases deemed medically unsuitable for transplantation being included in calculations.

Appendix I

Organ and Tissue Donation Statistics *continued*

Recovery of Organs from Deceased Donors

In 2004/05, 541 organs were recovered from the 142 Deceased Organ Donors in Ontario – an average of 3.8 organs per donor; 97% (524) of these organs were transplanted compared to 90% (454 of 504) in 2003/04.

Organs Recovered from Deceased Donors (Ontario)			
	2002-2003	2003-2004	2004-2005
Actual Donors	134	135	142
Organs Recovered	518	504	545
Recovered per Donor	3.9	3.7	3.8
Organs Transplanted	468	454	524
Transplanted per Donor	3.5	3.3	3.7
Transfers for organ recovery	25	19	23
Contraindications related to serology	32	18	16

* The number of organs transplanted will not equal the number of individual transplants performed due to some individuals receiving more than one organ in a transplant procedure (e.g. a kidney and pancreas transplant), which is counted as one transplant.

Transplant Recipients

There was a moderate increase in the number of deceased donor transplants in 2004/05 (504) compared to previous two fiscal years, 2003/04 and 2002/03 (474 and 477 respectively), suggesting that the organs that were available were used to maximum benefit.

Patients who Received Deceased Donor Organ Transplants in Ontario									
	Kidney	Kidney Pancreas	Pancreas	Liver	Small Bowel	Heart	Lung	Heart- Lung	Total
2004 - 2005	211	16	4	151	1	50	69	2	504
2003 - 2004	182	14	6	163	3	57	48	1	474
2002 - 2003	184	23	5	145	1	58	59	2	477

Waiting Lists

Patients are added to waiting lists by transplant programs. The waiting lists for organ transplants are as follows (included are active and on-hold patients).

Waiting Lists for Organ Transplants as of March 31, 2005								
	Kidney	Kidney Pancreas	Pancreas	Liver	Heart	Lung	Heart- Lung	Total
2004 - 2005	1346	39	17	430	53	34	1	1920
2003 - 2004	1302	44	10	323	47	55	4	1785
2002 - 2003	1393	39	1	324	43	30	4	1834

Living Organ Donation

Living Organ Donors and Transplants			
	Living Kidney Transplants	Living Liver Transplants	Total
2004 - 2005	182	41	223
2003 - 2004	165	31	196
2002 - 2003	175	29	204

Living Kidney Donation

Living Kidney Transplants as a Percentage of Total Kidney Transplants in Ontario			
	2002-2003	2003-2004	2004-2005
Total Kidney Transplants from Living & Deceased Donors	359	347	393
Total Kidney Transplants from Living Donors	175	165	182
% of Kidney Transplants from Living Donors	48.75%	47.6%	46.3%

Appendix I

Organ and Tissue Donation Statistics *continued*

Living Liver Donation

Living Liver Transplants as a Percentage of Total Liver Transplants in Ontario			
	2002-2003	2003-2004	2004-2005
Total Liver Transplants from Living & Deceased Donors	174	194	192
Total Liver Transplants from Living Donors	29	31	41
% of Liver Transplants from Living Donors	16.6%	16.0%	21.3%

Appendix II

Performance Indicators

This section reports on TGLN's progress in meeting performance objectives defined in the 2004/05 business plan.

Hospital and Professional Services		
	Performance Objectives	Comments/Plans of Action
Hospital Programs	35% increase in deceased organ donations resulting from full program implementation.	Delay in implementation of programs prevented achievement of goal; only 4% increase achieved. Organ donation target redefined to focus on realizing 75% conversion rate of medically eligible potential donors who become actual donors.
	Finalize and fully implement the Deceased Donor Organ Donation Scorecard in neurosurgical/neurotrauma hospitals.	Involvement in Organ Donation Breakthrough Collaborative led to a revision to scorecard strategy; modified measurement approach being developed.
	Establish regional offices in Eastern Ontario and Southwestern Ontario and expand program in Central and Northern Ontario.	Mid-year shift in planned strategy for organizational structure resulted instead in the development of regional programs. Two Director of Hospital Programs positions were created. The regional boundaries incorporate the Local Health Integration Networks (LHINs). One Director is responsible for Central Ontario; the second is responsible for Northern, Southwestern and Eastern Ontario. Hospital Program was extended to community hospitals able to facilitate organ donations.

Hospital and Professional Services *continued*

Performance Objectives		Comments/Plans of Action
Living Donation	Baseline assessment and needs analysis conducted of living donation activity in hospitals and dialysis centres.	Completed. Forms the basis of strategic plan for improvements in provincial living donation program activity.
	Living Donation support program designed; highest priority components being implemented.	Strategic plan for TGLN's role in living donation pending approval; Professional Practice Group and Living Donor Council established; highest priority awareness and education components to be implemented Q2 2005/06.
Tissue Donation	40% increase in tissue donation referrals, from 423 to 592.	51% increase in tissue donation referrals achieved (638 in 2004)
	30% increase in tissue donations over 2003, from 1285 to 1671.	7% increase in tissue donations achieved in 2004 (1378) Enactment of routine notification and request provisions of the TGLN Act, expected in Q4 2005/06, will lead to significant increase in referrals with tissue donation potential and therefore increase tissue donation opportunities.

Public Awareness and Education

Performance Objectives		Comments/Plans of Action
Public Awareness and Education	Baselines established for percent of adult Ontarians who have signed their donor card, spoken to their families about their wishes and understand that both activities are necessary.	Baselines established for awareness and understanding through public opinion survey of adult Ontarians.
	Increase to 100 from 88 community events coordinated by TGLN, engaging community partners and TGLN volunteers.	More than 200 community events were coordinated by TGLN in 2004/05.
	Increase over baseline to be established at end of fiscal year 2003/04 in web-site traffic, newsletter distribution and positive media coverage of organ and tissue donation.	Increases in newsletter distribution and positive media coverage achieved; improved website traffic monitoring implemented in 2004/05.

One Provincial System and Data-Based Decision-Making

TGLN Performance Objectives		Comments/Plans of Action
Allocation, Waiting List and Procurement	Implementation of new waiting list and organ allocation information tracking system on-time and on-budget.	System development on-budget; implementation anticipated in April 2005 delayed several months.
	Allocation principles drafted and submitted to TGLN Clinical Advisory Committee of the Board.	Submitted to TGLN Board of Directors for comment; pending return of modified draft to Board for approval.
	Review, recommend and implement provincial organ and tissue procurement services.	Review of TGLN role in organ procurement ongoing; tissue procurement role being considered within broad provincial tissue program strategy development.
Information Systems	Increase in data entry completeness by 15% (from 80% to 95%)	Targeted donor data: 97.8% complete Targeted recipient data: 88.6% complete
	Decrease in programming error rates by 50% (from 24 identified cases in 2003)	11 errors with impact identified in 2004/05.
	Two clinical data interfaces completed by end of 2004/05.	One interface complete – University Health Network/TGLN.

Financial Statements

Trillium Gift of Life Network

March 31, 2005

AUDITORS' REPORT

To the Members of
Trillium Gift of Life Network

We have audited the statement of financial position of **Trillium Gift of Life Network** [the "Network"] as at March 31, 2005 and the statements of operations, changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Network's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Network as at March 31, 2005 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Toronto, Canada,
May 10, 2004.

Ernst + Young LLP
Chartered Accountants

Trillium Gift of Life Network

STATEMENT OF FINANCIAL POSITION

As at March 31

	2005	2004
	\$	\$
ASSETS		
Current		
Cash	1,258,942	1,251,719
Short-term investment [note 9]	1,000,000	—
GST recoverable	142,397	192,443
Prepaid expenses and other receivables	6,644	12,149
Total current assets	2,407,983	1,456,311
Capital assets, net [note 3]	907,646	238,575
	3,315,629	1,694,886
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	1,256,343	1,325,750
Deferred contributions	840,748	103,088
Total current liabilities	2,097,091	1,428,838
Deferred capital contributions [note 4]	1,123,808	238,575
Total liabilities	3,220,899	1,667,413
Commitments [note 7]		
Net assets		
Unrestricted	24,760	4,987
Board restricted [note 5]	69,970	22,486
Total net assets	94,730	27,473
	3,315,629	1,694,886

See accompanying notes

On behalf of the Board:

J. Aue Wilson *D. Mathias*
Director Director

Trillium Gift of Life Network

STATEMENT OF OPERATIONS

Year ended March 31

	2005	2004
	\$	\$
REVENUE		
Ontario Ministry of Health and Long-Term Care <i>[note 8]</i>	8,398,262	7,955,837
Amortization of deferred capital contributions <i>[note 4]</i>	95,113	87,857
Donations <i>[note 5]</i>	62,484	15,373
Interest income	19,773	847
	8,575,632	8,059,914
EXPENSES		
Salaries and employee benefits <i>[note 6]</i>	5,504,949	4,955,608
Communications	1,022,383	953,508
General and administrative	713,673	568,672
Information systems	478,121	586,597
Medical supplies and testing	396,269	508,352
Office rent and maintenance	282,867	291,370
Amortization of capital assets	95,113	87,857
Community project grants <i>[note 5]</i>	15,000	18,670
One time start up	—	91,730
	8,508,375	8,062,364
Excess (deficiency) of revenue over expenses for the year	67,257	(2,450)

See accompanying notes



Trillium Gift of Life Network

STATEMENT OF CHANGES IN FUND BALANCES

Year ended March 31

	2005		Total \$
	Unrestricted \$	Board restricted \$	
Net assets, beginning of year	4,987	22,486	27,473
Excess of revenue over expenses for the year	67,257	—	67,257
Interfund transfer, net <i>[note 5]</i>	(47,484)	47,484	—
Net assets, end of year	24,760	69,970	94,730
<hr/>			
	2004		Total \$
	Unrestricted \$	Board restricted \$	
Net assets, beginning of year	4,140	25,783	29,923
Deficiency of revenue over expenses for the year	(2,450)	—	(2,450)
Interfund transfer, net <i>[note 5]</i>	3,297	(3,297)	—
Net assets, end of year	4,987	22,486	27,473

See accompanying notes



Trillium Gift of Life Network

STATEMENT OF CASH FLOWS

Year ended March 31

	2005	2004
	\$	\$
OPERATING ACTIVITIES		
Excess (deficiency) of revenue over expenses for the year	67,257	(2,450)
Add (deduct) items not involving cash		
Amortization of capital assets	95,113	87,857
Amortization of deferred capital contributions	(95,113)	(87,857)
	67,257	(2,450)
Changes in non-cash working capital balances related to operations		
GST recoverable	50,046	(68,000)
Prepaid expenses and other receivables	5,505	48,661
Accounts payable and accrued liabilities	(69,407)	331,839
Deferred contributions	737,660	61,009
Cash provided by operating activities	791,061	371,059
INVESTING ACTIVITIES		
Purchase of short-term investment	(1,000,000)	—
Acquisition of capital assets	(764,184)	(38,622)
Cash used in investing activities	(1,764,184)	(38,622)
FINANCING ACTIVITIES		
Contributions received for capital purposes	980,346	38,622
Cash provided by financing activities	980,346	38,622
Net increase in cash during the year	7,223	371,059
Cash, beginning of year	1,251,719	880,660
Cash, end of year	1,258,942	1,251,719

See accompanying notes

Trillium Gift of Life Network

NOTES TO FINANCIAL STATEMENTS

March 31, 2005

1. PURPOSE OF THE ORGANIZATION

Trillium Gift of Life Network [the "Network"] is a non-share capital corporation created in 2001, under the Trillium Gift of Life Network Act [formerly The Human Tissue Gift Act]. The Network has been established to enable every Ontario resident to make an informed decision to donate organs and tissue, to support healthcare professionals in implementing their wishes, and to maximize organ and tissue donation in Ontario through education, research, service and support.

The Network became operational on April 1, 2002, to assume the functions of the former Organ Donation Ontario, as well as to adopt additional responsibilities associated with the Network's mandate.

As a not-for-profit organization registered as a charity under the Income Tax Act (Canada) [the "Act"], the Network is exempt from income taxes. In order to maintain its status as an organization registered under the Act, the Network must meet certain requirements within the Act. In the opinion of management, these requirements have been met.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. The significant accounting policies followed in the preparation of these financial statements are summarized as follows:

Revenue recognition

The Network follows the deferral method of accounting for contributions. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred.

Investments

Investments are recorded at market value.



NOTES TO FINANCIAL STATEMENTS

March 31, 2005

Capital assets

Capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at market value at the date of contribution. Amortization is provided on a straight-line basis, at annual rates based on the estimated useful lives of the assets as follows:

Furniture	5 years
Leasehold improvements	5 years
Computer equipment	3 years
Computer software	5 years

Deferred capital contributions

Capital contribution funding for the purposes of acquiring depreciable capital assets is deferred and amortized on the same basis, and over the same periods, as the amortization of the related capital assets.

Employee benefit plan

Contributions to a multi-employer defined benefit plan are expensed when due.

Contributed materials and services

Contributed materials and services are not reflected in these financial statements.

Use of estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.



NOTES TO FINANCIAL STATEMENTS

March 31, 2005

3. CAPITAL ASSETS

Capital assets consist of the following:

	2005		Net book value \$
	Cost \$	Accumulated amortization \$	
Furniture	149,562	86,171	63,391
Leasehold improvements	179,506	103,828	75,678
Computer equipment	111,531	75,268	36,263
Computer software	732,314	—	732,314
	1,172,913	265,267	907,646
	2004		Net book value \$
	Cost \$	Accumulated amortization \$	
Furniture	148,159	56,399	91,760
Leasehold improvements	173,043	68,130	104,913
Computer equipment	87,527	45,625	41,902
	408,729	170,154	238,575
		2005	2004
		\$	\$
Balance, beginning of year		238,575	287,810
Acquisitions funded by deferred capital contributions		764,184	38,622
Amortization of capital assets		(95,113)	(87,857)
Balance, end of year		907,646	238,575

During the year, funding was received from the Ministry of Health and Long-Term Care in the amount of \$965,000 to fund the design, development and implementation of a new clinical information system. This funding has been recorded as a deferred capital contribution [note 4] and will be recorded as revenue over future years as the asset is amortized.

As at March 31, 2005, \$748,838 had been spent on the development of this system and \$216,162 of the funding is unspent [note 4].



NOTES TO FINANCIAL STATEMENTS

March 31, 2005

4. DEFERRED CAPITAL CONTRIBUTIONS

Deferred capital contributions represent the unamortized amount of grants received for the purchase of capital assets. The annual amortization of deferred capital contributions is recorded as revenue in the statement of operations and is equivalent to the amortization of capital assets. The changes in the deferred capital contributions balance are as follows:

	2005	2004
	\$	\$
Balance, beginning of year	238,575	287,810
Add contributions restricted for capital expenditures <i>[note 3]</i>	980,346	38,622
Less amortization of deferred capital contributions	(95,113)	(87,857)
Balance, end of year	1,123,808	238,575

Included in deferred capital contributions are \$216,162 of unspent contributions related to the new clinical information system *[note 3]*.

5. INTERFUND TRANSFER

Board restricted net assets are used to further public education and research in the field of organ and tissue donation, including community based projects.

During the year, the Board of Directors has approved the transfer of \$62,484 [2004 - \$15,373] of donations received during the year from unrestricted net assets to Board restricted net assets. In addition, the Board of Directors has approved the funding of special projects during the year from the Board restricted net assets in the amount of \$15,000 [2004 - \$18,670] for a net transfer to the Board restricted net assets of \$47,484 [2004 - to Board restricted net assets of \$3,297].

6. EMPLOYEE BENEFIT PLAN

Substantially all of the employees of the Network are eligible to be members of the Hospitals of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit, final average earnings, contributory pension plan. HOOPP is accounted for as a defined contribution plan. The Network's contributions made to HOOPP during the year amounted to \$347,402 [2004 - \$310,204] and are included in salaries and employee benefits in the statement of operations. The most recent actuarial valuation of HOOPP as of December 31, 2003 indicates HOOPP is fully funded.



NOTES TO FINANCIAL STATEMENTS

March 31, 2005

7. LEASE COMMITMENTS

Future minimum annual payments under operating leases for equipment and premises, excluding operating costs, are as follows:

	\$
2006	445,203
2007	33,629
2008	32,727
2009	6,842
	518,401

The lease for premises expires in March 2006.

8. ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE

The operations of the Network are funded primarily by the Ontario Ministry of Health and Long-Term Care [the "Ministry"]. These financial statements reflect agreed-upon funding arrangements approved by the Ministry with respect to the year ended March 31, 2005. The total funding for each fiscal year is not finalized until the Ministry has reviewed the financial statements for that particular year. The Network considers that the amounts recorded reflect all proper adjustments. Adjustments resulting from the Ministry's review, if any, will be reflected in the statement of operations in the following year.

9. FINANCIAL INSTRUMENTS

The fair values of the Network's financial instruments are not significantly different from their carrying values, unless otherwise noted.

The Network mitigates its exposure to interest rate and credit risk by restricting its investments to high grade, low risk, guaranteed securities. The yield to maturity on the short-term investment is guaranteed at 2.45%.



Appendix IV

Board of Directors as at March 31, 2005

	Appointed	Term Expires
Dr. Andrew J. Baker, <i>Chair, Clinical Advisory Committee</i>	March 5, 2001	December 4, 2007
Rabbi Dr. Reuven P. Bulka, <i>Chair, Communications Advisory Committee</i>	December 1, 2004	November 30, 2006
Ms. Diane Craig	December 8, 2004	December 7, 2007
Mr. Richard F. Dixon	December 8, 2004	December 7, 2006
Mr. Brian M. Flood	March 5, 2001	December 4, 2006
Dr. David Grant	March 5, 2001	June 4, 2006
Dr. Diane Hebert	December 1, 2004	November 30, 2006
Ms. Beatrice Ip	December 8, 2004	December 7, 2006
Ms. Bernadette MacDonald	December 8, 2004	June 7, 2006
Mr. Arun Mathur, <i>Chair, Finance and Audit Committee</i>	December 8, 2004	December 7, 2006
Mr. Justin Brian Poy	December 1, 2004	November 30, 2006
Dr. Miriam Frances Rossi	December 1, 2004	November 30, 2007
Ms. Sue Wilson, <i>Chair, Board of Directors</i>	March 5, 2001	June 7, 2006
Dr. Ray Wiss	December 1, 2004	May 30, 2006
Ms. May Ye Lee	December 8, 2004	December 7, 2006

Appendix V

TGLN Management Group @ September 30, 2005

Dr. Frank Markel, *President and Chief Executive Officer*
Dr. Cameron Guest, *Chief Medical Officer*
Mark Vimr, *Vice-President, Hospital and Professional Services*
Greg Kalyta, *Director, Information Systems*
Fides Coloma, *Executive Lead, Policy, Planning and Quality Improvement*
Deborah Lanktree, *Director Finance and Administration*
Rosemary Koen, *Director, Hospital Programs, North-East, Southwestern Ontario*
Frances Reinholdt, *Director, Hospital Programs, GTA and Central Ontario Regions*
Clare Payne, *Director, Provincial Resource Centre*

In-Hospital Organ and Tissue Donation Coordinators

Stephanie Adams, *RN, BScN, University Health Network, Toronto*
Jennifer Berry, *RN, Hospital for Sick Children*
Ida Bevilacqua, *RN, BScN, Trillium Health Centre*
Grace Bogart, *RN, Sunnybrook and Women's College*
Sandi Gill, *RN, BScN (c), GTA, Central-West*
Nancy Glover, *RN, Niagara - Haldimand*
Delayne Haasz, *RN, BA (CHC), GTA, Central*
Gail Anne Harris, *RN, Kingston General Hospital*
Nancy Hemrica, *RN, Hamilton Health Sciences*
Cynthia Isenor, *RN, BScN, St Michael's Hospital*
Anne Lester, *RN, Ottawa Hospital*
Sandra Petzel, *RN, Thunder Bay Regional Health Sciences Centre*
Catharine Ritter, *RN, BScN, Simcoe Muskoka*
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