

Trillium Gift of Life Network

2017-2018 BUSINESS PLAN



Trillium
Gift of Life
Network

Réseau
Trillium pour
le don de vie

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Executive Summary

Many significant milestones in organ and tissue donation and transplant in fiscal year 2015/16 were achieved, including a record number of: deceased organ donors, deceased organ donations following cardiac death, ocular donors recovered, multi-tissue donations and organ and tissue donor registrations. These collective accomplishments coupled with two successive years (2014/15 and 2015/16) of significant growth equivalent to 33% are bolstering both TGLN's and Ontario's reputation as a national and emerging international leader in donation and transplantation. On the heels of two back-to-back highly successful years and a very strong start to fiscal year 2016/17 (where deceased organ donations in the first quarter are trending 21% higher compared to the same period in the previous fiscal year), TGLN plans to continue to build on this exciting trajectory in 2017/18 to further increase organ and tissue donor registrations and organ and tissue donations and transplants to prevent unnecessary deaths on the transplant waiting list and reduce wait times for transplantation.

TGLN's new multi-year (2016-2019) strategic priorities: (i) significantly increase consent for organ and tissue donation, (ii) significantly enhance and optimize physician leadership in donation, (iii) normalize organ and tissue donation and transplantation (OTDT) as a shared value across all sectors of Ontario society (general public and within healthcare) and (iv) develop an integrated, sustainable tissue donation and transplant system in Ontario, have significantly shaped TGLN's goals, objectives, strategies and action plans in 2017/18. As well, key learnings from Spain, a world leader in donation, adopted in Ontario, will continue to be strengthened in 2017/18. These key elements include expanding the role and accountability and increasing education of critical care physicians in donation, and the most critical requirement of building a donation culture throughout Ontario.

In fiscal year 2017/18, TGLN also intends to better leverage research, an emerging critical element in achieving TGLN's mission to save more lives through donation and transplantation, as well as support innovation and drive positive change in performance, quality and resource utilization. A project to design TGLN's research model/program is underway in 2016/17 which will guide and inform TGLN's role, participation and scope of work in research.

Similar to previous years, TGLN has proposed four overarching goals, composed of program and enabling goals. Program goals are in direct support of achieving TGLN's mission, mandate and three-year strategic priorities; and enabling goals have a cross-functional impact and support realization of the program goals. TGLN's goals and objectives for 2017/18 are illustrated in the [Business Plan at a Glance](#) section. Strategies and supporting high level action plans to achieve these objectives are delineated in the [Implementation Plan](#).

Business Plan at a Glance

STRATEGIC PRIORITIES: 2016-2019				
Significantly increase consent for organ and tissue donation.	Significantly enhance and optimize physician leadership in donation.	Normalize organ and tissue donation and transplantation (OTDT) as a shared value across all sectors of Ontario society (general public and within healthcare).	Develop an integrated, sustainable tissue donation and transplant system in Ontario.	
2017/18 GOALS	2017/18 OBJECTIVES AND STRATEGIES			
SUPPORT TRANSPLANTATION THROUGH EFFECTIVE OVERSIGHT AND COLLABORATION WITH STAKEHOLDERS.	1. Develop an integrated care model that will be informed using clinical and patient reported outcomes which include reporting 100% of patient outcomes by organ and site.	2. Achieve a 58-61% conversion rate for provincial hospitals , 308-325 organ donors and 3.28 organ yield per donor.	3. Achieve a 49% consent rate, 2400-2600 ocular donors and 390-415 multi-tissue donations.	4. Engage Ontarians in supporting OTDT and inspire over 276,000 to register consent.
	1.1 Develop a system performance measurement plan to evaluate, monitor and improve the quality of transplant services in Ontario.	2.1 Maximize consent performance. 2.2 Enhance the staffing model to improve consent performance. 2.3 Optimize physician leadership. 2.4 Seek and execute system level improvements.	3.1 Increase the number of tissue referrals. 3.2 Maximize consent performance. 3.3 Implement consolidated multi-tissue recovery teams. 3.4 Explore and execute system level improvements.	4.1 Optimize media relations, social media and cost-effective marketing to encourage culture change, drive registration, enable conversation and encourage advocacy. 4.2 Partner and collaborate with Service Ontario to increase and maximize registration opportunities. 4.3 Forge partnerships, strengthen advocacy and seek other beneficial affiliations to extend TGLN's reach and normalize OTDT. 4.4 Enhance corporate and stakeholder communications to support fulfillment of TGLN's objectives and mandate.
	1.2 In partnership with the organ specific working groups and external partners, continue to develop policies and standardized practices to improve patient care along the continuum. 1.3 In partnership with the transplant centres, expand the provincial organ recovery system to meet the demand of increased donor volumes. 1.4 Work with the Ontario living donor transplant programs, as/ if authorized and support by the Ministry, to develop provincial standards for living donor programs to ensure fair and equitable access for Ontario patients. 1.5 Enhance funding available to patients through the Transplant Patient Expense Reimbursement (TPER) program to allow increased access to heart, lung, and heart/ lung transplantation within Ontario.			
MAXIMIZE ORGAN AND TISSUE DONATION FOR TRANSPLANTATION IN PARTNERSHIP WITH STAKEHOLDERS.				
BUILD A STRONG ORGAN AND TISSUE DONATION CULTURE IN ONTARIO.				
DRIVE PERFORMANCE, QUALITY, INNOVATION & COST-EFFECTIVENESS THROUGH RESEARCH, PROCESS IMPROVEMENT, INFORMATION TECHNOLOGY AND TALENT MANAGEMENT.	5. Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards.	6. Enhance IT to drive innovation, improvement and efficiency at TGLN and in the broader donation and transplantation system.	7. Build a work environment that fosters staff engagement.	
	5.1 Re-align quality department services.	6.1 Build resilient IT infrastructure by securing technology assets and providing exceptional customer service.	7.1 Weave leadership competencies into evaluation and recruitment tools to secure and retain ideal 'people managers'.	
	5.2 Enhance "quality culture" at TGLN.	6.2 Delivery business objectives with project management, oversight and governance.	7.2 Promote transparency of expectations for staff by informing and educating about HR policies and processes.	
	5.3 Build the foundation that defines TGLN's clinical and support processes.	6.3 Implement TGLN's core system modernization project.	7.3 Strive to attain market competitive remuneration and benefits to attract and retain engaged employees.	
	5.4 Increase the audit function to identify gaps and strengthen processes.	6.4 Empower decision makers with data and tools.	7.4 Optimize the data collected in the new HRIS system to report on worthy analytics to steer change.	
	5.5 Deliver process improvements in targeted areas that offer opportunity to achieve greater efficiencies.			
	5.6 Maintain and improve patient safety.			

Mandate, Mission & Vision

Mandate

1. Plan, promote, coordinate and support activities relating to the donation of tissue for transplant and activities related to education or research in connection with the donation of tissue.
2. Coordinate and support the work of designated facilities in connection with the donation and transplant of tissue.
3. Manage the procurement, distribution and delivery of tissue.
4. Establish and manage waiting lists for the transplant of tissue and for establishing and managing a system to fairly allocate tissue that is available.
5. Make reasonable efforts to ensure that patients and their substitutes have appropriate information and opportunities to consider whether to consent to the donation of tissue and to facilitate the provision of that information.
6. Provide education to the public and to the health-care community about matters relating to the donation and use of tissue and, facilitate the provision of such education by others.
7. Collect, analyze and publish information relating to the donation and use of tissue.
8. Advise the Minister on matters relating to the donation of tissue.
9. To do such other things as the Ministry may direct.

Mission

Saving and enhancing more lives through the gift of organ and tissue donation and transplantation in Ontario.

Vision

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

Overview of Programs & Activities

TGLN executes its broad mandate through the following interdependent programs and services:

Transplantation

Standardizing Practice, Equalizing Access and Measuring Outcomes

TGLN will continue to build on its role for system planning and work with key stakeholders to plan and coordinate transplant services in Ontario. TGLN will work to enable equitable access through standardized processes and provincial waitlists, enabling performance outcome measurement to improve pre- transplant through to post-transplant care and developing evidence based initiatives to enhance the quality of care of transplant patients as they transition through the patient continuum.

Hospital Programs

Maximizing Donors in Ontario

Hospital Programs works with 56 Ontario hospitals with Level III critical care services and 14 Ontario hospitals with Level II critical care services to establish and maintain successful organ and tissue donation programs within the hospital. This includes identifying opportunities for organ and tissue donation and implementing donation best practices through promulgation of policies and procedures.

Coordinators in the Provincial Resource Centre (PRC) manage notification calls and coordinate case activity, while Organ and Tissue Donation Coordinators (OTDCs) provide on-site clinical support. In addition to real time support, TGLN's Donation Physician Model includes Hospital Donation Physicians and Regional Medical Leads who support physician practice across the province.

TGLN's Hospital Development team works with hospitals to continuously drive the most up-to-date and targeted education, evaluation and performance improvement methods for the purpose of developing healthcare professionals. Education and Professional Practice develops, coordinates, implements and evaluates targeted education programs for TGLN employees involved in organ and tissue donation across the province.

Provincial Resource Centre (PRC)

24/7 Donation and Transplant Service to the Province

The 24/7 PRC is responsible for intake of organ and tissue donation notifications and facilitating donation. The PRC works in close collaboration with OTDCs, donation hospitals, tissue banks and transplant hospitals. The PRC provides real-time case management, including: supporting health care professionals; obtaining consent for tissue donation; facilitating donor testing and screening; coordinating essential logistics; and offering organs and tissue to transplant programs and tissue banks. In addition, Surgical Recovery Coordinators and Tissue Recovery Coordinators assist in the recovery of organs and enucleation of eyes respectively. The PRC operation is highly dependent on TGLN creating and sustaining customized databases, automated allocation algorithms, and real-time telecommunications that enable the time-limited and fragile end-to-end processes from donation to transplant.

Communications

Building a Culture of Donation in Ontario to Increase Consent for Donation

TGLN's communications and public awareness efforts are a critical element of increasing consent and making more organs and tissue available for transplant. As demonstrated by the Spanish Model, a

“culture of donation” is created by normalizing donation, an objective which is supported by communications and marketing. Registration is a key driver of consent as families of registered donors are significantly more likely to give consent for donation. Registration is a primary call-to-action in TGLN communication. TGLN’s multi-faceted approach to communications and public awareness includes social media, advertising, earned media, public relations and community relations. TGLN works with a diverse range of partners and stakeholders including government, volunteers, health care professionals, funeral professionals, multi-faith leaders, youth, schools and universities as well as corporate and not-for-profit organizations.

TGLN’s corporate communications bring together TGLN staff in donation and transplant, hospital health care providers, donor families, recipients, government officials and community advocates to influence each other and the Ontario public with a call to action to both increase registration and to collaboratively build a donation culture in Ontario.

Quality & Performance Improvement

Continuous Improvement and Regulatory Compliance

The Quality and Performance Improvement program is focused on enhancing and improving services to continually meet the needs of internal and external stakeholders. Quality and Performance Improvement rigorously monitors TGLN’s compliance to Health Canada’s *Safety of Human Cells, Tissues and Organs for Transplantation Regulations* and other applicable standards and utilizes proven quality methodologies and tools to identify opportunities for improvement.

Information Technology (IT)

TGLN’s Business-Centric IT Service

IT provides operational and project services to TGLN. IT is involved in every aspect of the business of organ and tissue donation from running the systems that underlie the 24/7 Provincial Resource Centre; matching the donor to recipient; providing data to key stakeholders to make informed decisions; and creating new data points to measure quality of the entire system. In order to continually increase efficiency and effectiveness, IT also has a transformation mandate to automate manual tasks, modernize systems and their underlying processes, and utilize best practice in project management to enable the successful and timely completion of projects.

Finance, Human Resources & Administration

Financial Transactions, Human Resources (HR) Management and Government Directive Compliance

The Finance, HR & Administration department is responsible for the management and administration of TGLN’s finance, human resource and other administrative functions including: payroll and benefits; management of expenditures and disbursements and banking matters; management of facilities and insurance; handling of charitable donations; financial planning, budgeting and reporting; continuous monitoring against all existing and new Government Directives, recruitment, orientation and on-boarding, performance management, training, HR information and metrics; compensation; and development of policies and procedures to support staff and management, and the daily operations of the organization.

Furthermore, the Finance, HR & Administration department administers the Program for Reimbursing Expenses of Living Organ Donors (PRELOD) and the Transplant Patient Expense Reimbursement Program (TPER), which is operationalized through Transplant. TGLN also oversees a virtual Project Management Office (PMO). The virtual PMO plays a supportive role with the goal of maximizing the

successful implementation of projects at TGLN by enhancing project management capability through project management tools and improved communication on active projects.

Environmental Scan

Patients First: Action Plan for Health Care

TGLN's initiatives planned for 2017/18 align with the government's *Patients First: Action Plan for Health Care*. TGLN is a "Patients First Agency" and exists to serve the needs of patients waiting for life-saving organ transplants and life-improving tissue transplants. The focus on patients is embedded in TGLN's mission and is at the core of TGLN's goals and objectives. TGLN's strategies and action plans, aimed to integrate organ and tissue donation as part of quality end of life care and as a routine part of end of life conversations, support and align with the government's commitment to improve quality of end-of-life care for Ontarians.

Canadian Blood Services (CBS)

In collaboration with CBS, TGLN continues the highly complex work to support the Canadian Transplant Registry (CTR), including the National Organ Waitlist (NOW), Highly Sensitized Patient Registry (HSP) and the Kidney Paired Donation (KPD) program. TGLN expects continued collaboration and work with CBS to further refine CTR and the web interfaces with provincial Organ Procurement Organization (OPO) information systems, as well as monitoring and managing the impacts and implications of sharing kidneys nationally for highly sensitized patients.

Public Solicitation for Living Donation

Increasingly more Ontarians in need of kidney or liver transplants are publically soliciting for living donors which is raising ethical issues related to fairness of organ allocation for living donation and creating challenges for transplant programs to respond to surges of screening requests for potential living donors. Also, a growing number of patients waiting for transplantation are requesting assistance in finding a living donor, as well as the provision of public information and resources to support living donation.

While TGLN's public education and awareness efforts will remain focused on deceased donation, in partnership with system stakeholders and government, TGLN will work to determine a value-added and appropriate role for TGLN to support living donation in 2016/17 that will inform TGLN's work in 2017/18.

Medical Assistance in Dying (MAID)

With the decision of the federal government to table Bill C-14, which proposes the decriminalization of medically assisted dying, this process now becomes a consideration in the practice of end-of-life care in Canada. The established practice of organ and tissue donation as part of end-of-life care will intersect with the provision of medical assistance in dying.

TGLN has developed a draft set of guiding principles for the purposes of advising policy and offering insight to partnering facilities. Specific details on how organ and tissue donation will be incorporated into a patient's end-of-life care plan with medical assistance in dying can only be determined once final legislation receives royal assent.

Strategic Directions

TGLN's new multi-year (2016-2019) strategic priorities: (i) significantly increase consent for organ and tissue donation, (ii) significantly enhance and optimize physician leadership in donation, (iii) normalize OTDT as a shared value across all sectors of Ontario society (general public and within healthcare) and (iv) develop an integrated, sustainable tissue donation and transplant system in Ontario, significantly shape TGLN's focus in 2017/18.

Similar to previous years, TGLN has proposed four overarching goals, composed of program and enabling goals. Program goals are in direct support of achieving TGLN's mission, mandate and three-year strategic priorities and enabling goals have a cross-functional impact and support realization of the program goals.

2017/18 Goals	
Program Goals	Enabling Goal
<ol style="list-style-type: none"> 1. Support transplantation through effective oversight and collaboration with stakeholders. 2. Maximize organ and tissue donation for transplantation in partnership with stakeholders. 3. Build a strong organ and tissue donation culture in Ontario. 	<ol style="list-style-type: none"> 4. Drive performance, quality, innovation and cost-effectiveness through research, process improvement, information technology, and talent management.

To achieve these goals, seven objectives have been identified and similar to the goals, objectives are grouped as either program or enabling objectives:

2017/18 Objectives	
Program Objectives	Enabling Objectives
<ol style="list-style-type: none"> 1. Develop an integrated care model that will be informed using clinical and patient report outcomes which include reporting of 100% of patient outcomes by organ and site. 2. Achieve a 58-61% conversion rate for provincial hospitals, 308-325 organ donors and 3.28 organ yield per donor. 3. Achieve a 49% consent rate, 2400-2600 ocular donors and 390-415 multi-tissue donations. 4. Engage Ontarians in supporting OTDT and inspire over 276,000 to register consent. 	<ol style="list-style-type: none"> 5. Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards. 6. Enhance IT to drive innovation, improvement, and efficiency at TGLN and in the broader donation and transplantation system. 7. Build a work environment that fosters staff engagement.

Goals, objectives and strategies are also illustrated in the [Business Plan at a Glance](#).

Implementation Plan- Related Strategies and Action Plans for Each Objective

Program Goal: Support transplantation through effective oversight and collaboration with stakeholders.

Objective 1: Develop an integrated care model that will be informed using clinical and patient reported outcomes which include reporting 100% of patient outcomes by organ and site.

Priorities for 2017/18 reflect TGLN's commitment to developing and sustaining an integrated transplantation system in Ontario. TGLN will build on its role in system planning by enhancing performance reporting to drive quality improvement initiatives and improve patient outcomes. TGLN will utilize data and clinical evidence to evaluate allocation policies, inform the development of programs to support patients along the care continuum, and work collaboratively with system partners to improve patient education. A summary of the 2017/18 strategies to achieve higher quality care and improve patient outcomes are outlined below.

Strategy 1.1: Develop a system performance measurement plan to evaluate, monitor and improve the quality of transplant services in Ontario.

TGLN has been working collaboratively with the Transplant Steering Committee and Provincial Organ Working Groups to enhance standardized performance measurement for transplant programs in Ontario. This reporting will allow clinicians and system leaders to identify strategies at both the local and provincial level to drive quality improvement. In 2017/18, TGLN will continue to enhance the reporting of patient and program level outcomes to transplant programs, MOHLTC, and other relevant stakeholders, including:

- Continued implementation of a standardized performance measurement and monitoring plan for transplant programs which allows the bi-directional reporting of data including program and patient outcomes.
- Utilization of data to develop system level plans to drive quality improvement and inform system planning.
- Ongoing evaluation of the organ specific allocation algorithms to ensure equitable access to care with the aim of decreasing time to transplantation and continuously improving transplant services in Ontario.
- Implementation of a training program to support better data entry by all end users.
- Alignment of funding levers to clinical pathways for each organ group to support hospitals in implementing best practice bundles to optimize model for patients.

Strategy 1.2: In partnership with the organ specific working groups and external partners, continue to develop policies and standardized practices to improve patient care along the continuum.

TGLN has been working with transplant experts from across Ontario through the Provincial Organ Working Groups to identify the needs of the transplant system and establish best practices along the patient continuum. In addition, TGLN will work collaboratively with our system partners to improve patient education. The following priorities are planned for 2017/18:

- Develop a shared decision making framework for each of the clinical pathways for organ transplantation that is supported by tools for clinicians and patients.

- Enhance the TGLN website to capture and provide transplant information to healthcare providers and patients.
- Design patient tools to support transitions along the care continuum from pre- transplant to post-transplant.
- Design wait list management tools for clinical teams to support informed decision making.
- Promote a community of practice which is driven by evidence based information on clinical practice and patient outcomes.
- Implement a system outreach model for kidney transplant patients that supports care closer to home.
- Provide tools and resources to patients, potential donors and providers to enable shared and informed decision-making regarding living donor kidney transplantation in collaboration with the ORN.
- Implement the LVAD guidelines for destination therapy in collaboration with Transplant Centres and the Cardiac Care Network.

Strategy 1.3: In partnership with the transplant centers, expand the provincial organ recovery system to meet the demand of increased donor volumes.

TGLN recognizes the vital importance of a coordinated and comprehensive organ recovery system and has been working to strengthen organ recovery services in Ontario. More recently, in partnership with the four recovery programs, TGLN developed and implemented a new provincial organ recovery system that includes a surge response plan. In 2017/18, TGLN will continue to expand a recovery system that can respond to current and future donor volumes and will:

- Provide additional resources, if approved by the Ministry, to build capacity within the organ recovery programs to support the Provincial Organ Recovery System, including the Surge Response Plan.
- Perform ongoing monitoring and evaluation of the recovery system in partnership with the Recovery Committee.
- Work with the Recovery Committee (including CMO's Transplant and Donation) to complete case reviews to identify process improvement strategies.

Strategy 1.4: Work with the Ontario living donor transplant programs, as/ if authorized and supported by the Ministry, to develop provincial standards for living donor programs to ensure fair and equitable access for Ontario patients.

In 2016/17, the MOHLTC requested that TGLN prepare a plan to work with the living donor kidney and liver transplant programs in Ontario to develop provincial standards for living donor transplantation. If the plan is approved, TGLN would proceed with the following in 2017/18:

- Conduct a current state analysis to understand the existing protocols and processes in the province to identify commonalities, discrepancies and gaps for living donor programs.
- Develop provincial standards for donor assessment including consent, required testing, eligibility (screening potential donor), and exclusion criteria.
- Support programs in capturing donor assessment times and review program-level data to drive quality improvement.
- Develop a provincial policy on public solicitation for organs.
- Provide tools and resources to patients, potential donors and providers to enable shared and informed decision-making.

- In partnership with the Ontario Renal Network, disseminate educational toolkits for: 1) patients, families, and potential donors and 2) care providers at Chronic Kidney Disease & Transplant programs to enable informed and shared decision making

Strategy 1.5: Enhance funding available to patients through Transplant Patient Expense Reimbursement (TPER) program to allow increased access to heart, lung and heart/ lung transplantation within Ontario.

Initiated in 2009 by the MOHLTC, the TPER program assists in minimizing the financial burden of Ontarians waiting for heart, heart-lung or lung transplantation. Currently, TPER can reimburse a patient for up to \$650/month for accommodation costs and this amount has not increased since the program was initiated. Patients and Transplant Programs have identified that \$650/month is insufficient in supporting relocation to access transplant care. In 2017/18, TGLN is recommending increasing the monthly reimbursement amount to \$1,500/month to decrease the financial burden to these patients. TGLN will also:

- Complete an annual evaluation of the TPER program to identify process improvement opportunities to support patients and families in Ontario.
- Provide ongoing education sessions for Transplant Coordinators and patients on TPER funding eligibility and reimbursement process.

Program Goal: Maximize organ and tissue donation for transplantation in partnership with stakeholders.

Objective 2: Achieve a 58-61% conversion rate for provincial hospitals, 308-325 organ donors, and 3.28 organ yield per donor.

Building on the impressive growth of 33% over the last 2 years in deceased organ donation, TGLN will further seek opportunities to further maximize donation performance. Obtaining family consent is an essential aspect of maximizing donation potential and TGLN will continue to focus on improving consent performance. To effectively manage the flow of donation activity, TGLN will optimize its current staffing models to promote efficiencies. With a robust donation physician model in place, TGLN will leverage the influence of these physicians and optimize their leadership. In a rapidly evolving environment, TGLN will also work with its stakeholders to foster innovative system level improvements. A detailed explanation of TGLN's targets related to organ donation can be found in [Appendix 1](#).

Strategy 2.1: Maximize consent performance.

In 2016/17, TGLN piloted the use of machine learning to assign specific family approaches to TGLN coordinators in the Greater Toronto Area, based on their identified skill set and the patient and family circumstances. In 2017/18, TGLN will evaluate whether this tool is a valid and reliable resource for optimizing consent, including feasibility for use in additional regions.

TGLN also expanded the use of Family Discussion Coordinators to seven days per week in 2016/17. These Family Discussion Coordinators are dedicated to approaching families for consent to donation. Assuming the success continues, they will assume responsibility for significantly more approaches. TGLN will also assess the value of implementing a Family Discussion Coordinator in additional regions across the province.

In depth knowledge about the psychology of a grieving family may enhance the dialogue between TGLN coordinators and potential donor families. In 2017/18, TGLN will seek to partner with a psychologist or human anthropologist to identify recommendations for language that TGLN coordinators should utilize when speaking to families in these difficult situations. In turn, education and support materials will also be developed.

A provincial needs assessment conducted by the Royal College of Physicians and Surgeons of Canada (Royal College) confirmed that there is tension among physicians regarding their somewhat limited role in approaching families for donation. In 2016/17, TGLN will conduct data collection and analysis to assess the impact and effectiveness of collaborative approaches involving both a trained TGLN coordinator and the most responsible physician. Based on the findings, in 2017/18, TGLN will create a best practice guide that outlines the roles and responsibilities of a physician in the approach process.

In 2016/17, TGLN investigated the opportunity to partner with an external agency to conduct essential research to understand whether families regret their decision not to donate and how to best support them during end of life discussions. The 2017/18 fiscal year will be dedicated to further exploring this subject, with the goal of improving consent discussions and ultimately consent outcomes.

Strategy 2.2: Enhance the staffing model to improve consent performance.

To support significant increases in clinical activity, Organ and Tissue Donation Coordinators (OTDCs) will be added to the current complement in 2017/18. In addition, a Referral Triage Coordinator, a Clinical Services Coordinator, and two Surgical Recovery Coordinators will also be recruited in the PRC area to effectively manage the flow of donation activity from both Ontario and out of province donors.

In 2016/17, TGLN is working to develop the requirements for a workload assessment tool for OTDCs. The ability to track the number of hours dedicated to hospital development and clinical activity will facilitate a better understanding of peak periods for donation activity and allow TGLN to adjust staff schedules and mitigate delays in the donation process. In 2017/18, once the system has been developed, TGLN will use this information to assess the length of the donation process and identify additional sources of frequent delays in order to optimize efficiency and effectiveness.

In 2016/17, as clinical activity increased across the province, TGLN began to transition the responsibilities associated with health record review from OTDCs to Health Record Reviewers. In 2017/18, TGLN will expand the complement of Health Record Reviewers to relieve additional OTDCs from these duties, which will maximize their availability for clinical activity.

TGLN intends to pilot the use of a modified OTDC “Clinical Responder” role in 2016/17. These regionally based, part-time staff are not assigned to a home hospital, which allows them to be more flexible and helps to improve early on-site response times and consent performance. Assuming this model is a successful in improving service delivery, TGLN will seek to expand its use of Clinical Responders in 2017/18.

Strategy 2.3: Optimize physician leadership.

With a robust donation physician model, led by a chief medical officer with five regional medical leads and 58 hospital donation physicians in place, TGLN has begun to evaluate the impact these physicians have made both within their hospitals and provincially. In 2017/18, TGLN will more formally evaluate the success of this model.

TGLN has also made great strides in furthering medical education in donation through the development of a competency based medical education program for Ontario’s critical care residents. With additional resources, in 2017/18, TGLN intends to build on this framework by creating additional educational content, as well as learner assessments tools, delivery modalities, and program evaluation methods to standardize medical education for critical care residents in donation.

Technology continues to make significant improvements to health care service delivery. In 2017/18, TGLN will explore the possibility of creating a mobile application which would provide physicians with donation information at their fingertips. Among other things, this application would include standardized order sets, organ function testing rationales, and donor management guidelines.

Continuing medical education (CME) activities assist physicians to maintain their competence and facilitate learning about new developments in their field. To optimize donation physician engagement in 2017/18, TGLN will explore the methodology of providing Hospital Donation Physicians and Regional Medical Leads CME credits for their participation in donation related conferences, webinars, and education sessions offered by TGLN throughout the year.

To endorse the Hospital Donation Physician role and its influence, in 2017/18, TGLN will seek opportunities to enhance physician and stakeholder engagement within the hospital and beyond, including the Local Health Integration Networks.

2.4 Seek and execute system level improvements.

In 2016/17, TGLN developed a list of recommended amendments to the *Trillium Gift of Life Network Act* to better support donation in its current state. Assuming that the MOHLTC is interested in moving forward with these recommendations, TGLN will continue to work with them to change legislation.

TGLN also continues to explore the feasibility of receiving automated electronic referrals from a hospital when a patient meets the ‘GIFT’¹ trigger. Preliminary discussions with an external agency in 2016/17 will verify whether this is feasible in Ontario. Should it be an option, TGLN will develop the necessary connectivity and related processes in 2017/18.

In addition, the needs assessment conducted by Royal College identified the need for improved communication to health care professionals. To address the findings from the needs assessment, in 2017/18, TGLN will pilot the use of an up-to-date status report which will be kept in a donor’s hospital chart. This report will identify what testing is required and why, what organs have been allocated, decline rationales, and when a recovery time has been booked or changed.

As a result of the significant increases in clinical donation activity, the province is experiencing longer delays in the donation process. This is partly due to delays in getting OTDCs on-site at hospitals and ensuring recovery resources from transplant programs are available on a timely basis. The requested funds to better respond to the increased growth in deceased organ donation will enable TGLN to ensure that the organ donation process is not extended or delayed due to resource issues. In 2017/18, TGLN will undertake a detailed analysis of the donation process to better determine the causes of the delays and address these issues.

¹ ‘GIFT’ – **G**: Grave prognosis or GCS of 3; **I**: Injured brain or non-recoverable injury/illness; **F**: Family initiated discussion of donation or withdrawal of life sustaining therapy; **T**: Therapy is limited, de-escalation of care or discussion of withdrawal of life-sustaining therapy is planned.

TGLN continues to support its transplant stakeholders as they strive for innovative ways to utilize organs from deceased donors. At the end of the 2015/16 fiscal year, TGLN partnered with University Health Network's Lung Transplant Program and William Osler Health System, to initiate the recovery of lungs from non-perfused organ donors (NPOD) who were unable to be resuscitated after an unexpected death, such as a cardiac arrest. TGLN will explore the viability of extending NPOD protocols to patients who do not die within the allotted timeframe to permit DCD recovery. In these cases, the ability to re-evaluate the quality of organ function prior to transplantation using Ex-Vivo Lung Perfusion will promote recovery at the time of the patient's eventual death.

At present, the calculation of organ yield is narrowly focused on donor type only – standard criteria donor or extended criteria donor. In 2017/18, TGLN will evaluate the opportunity to measure organ yield in consideration of a number of individual patient demographics. Using additional variables will allow TGLN to more accurately forecast and benchmark organ yield performance.

Originally implemented in 2013/14, public reporting was identified as a means for TGLN and participating hospitals to demonstrate their commitment to honour the public's intent to donate. In 2017/18, TGLN will prepare to report a third donation metric aimed at ensuring potential organ donors are referred in a timely manner and approached by a TGLN coordinator when, and if appropriate. In 2017/18, TGLN will set relevant targets and develop, distribute educational materials to hospital stakeholders and pilot internal reporting of the new donation metric.

TGLN has become a centre of excellence in education, leading the province in the provision of organ and tissue donation education to TGLN staff, physicians and all associated health care and allied professionals. In 2016/17 TGLN is working to enhance this asset by designing a Centre for Clinical Education (CCE)- an efficient one-stop shop for all professionals requiring donation education templates as well as customized educational materials and guidance in adult learning. By the end of 2016/17, TGLN will have delineated the services, skills and processes to support and sustain the CCE, and will bring these forward to the Ministry for discussion and consideration.

Objective 3: Achieve a 49% consent rate, 2400-2600 ocular donors and 390-415 multi-tissue donations.

With the launch of the redesign of the tissue system led by TGLN, tissue donation and recovery services will be a key area of growth and focus at TGLN over the next few years. Building on the record number of ocular donors recovered and multi-tissue donations achieved in 2015/16, TGLN will continue to further maximize all tissue donation opportunities. TGLN will achieve this by leveraging and strengthening collaborative partnerships to increase the number of referrals for tissue donation, improving consent performance and focusing on provincial initiatives that improve the capacity for both ocular and multi-tissue recovery. A detailed explanation of TGLN's targets related to tissue donation can be found in [Appendix 2](#).

Strategy 3.1: Increase the number of tissue referrals.

To increase the number of tissue referrals and ensure those who die outside of a hospital setting have the same opportunity to donate, TGLN partnered with the Office of the Chief Coroner to launch the Coroner's Referral Program in Toronto's downtown core. This program was expanded to the Greater Toronto Area in 2016/17, and will be implemented within Southwestern Ontario in 2017/18. While tissue donation is integrated into the education routinely provided to coroners, in 2017/18, TGLN will also investigate providing a nominal fee for referrals in order to acknowledge their efforts and subsequently increase the number of referrals for tissue donation.

Paramedic services are also involved in a number of out of hospital deaths every year and many of these cases represent a source of potential for tissue donation. In 2016/17, TGLN piloted a Paramedic Referral Program in Ontario's eastern region, and will look to expand this program across Ontario in 2017/18.

Should Ontario Regulation 179/05 be amended in 2016/17, TGLN will establish Routine Notification requirements in additional hospitals with Level II Intensive Care Units, as appropriate, throughout the 2017/18 fiscal year. Additional referrals from these facilities have the opportunity to increase the number of tissue donors across the province.

Strategy 3.2: Maximize consent performance.

Given technology is rapidly changing the way we communicate, TGLN will look to explore the possibility of using alternate modes of communication, including text message, in order to increase timely connection with potential donor families.

At present, Tissue Coordinators are responsible for processing referrals, approaching families, obtaining and documenting consent, allocating suitable tissue, and coordinating recovery services. In 2017/18, TGLN will explore the feasibility and effectiveness of limiting a coordinator's duties per shift, to either approach and consent or allocation and case coordination. This will afford Tissue Coordinators the opportunity to follow up with families more frequently and take as much time as needed to best support families through donation discussions.

TGLN will continue to conduct environmental scans of its Tissue Coordinators to identify difficulties they experience when approaching families for donation. With an increased understanding of some of the internal and external barriers to obtaining consent, TGLN continues to work with staff to develop and implement processes to mitigate challenges and improve consent performance.

3.3 Implement consolidated multi-tissue recovery teams.

Consistent with recommendations outlined in the external review *Tissue Banking in the Province of Ontario* (2014), TGLN has made significant progress with regard to implementing the redesign strategy. In 2016/17, TGLN looked to enhance its ocular recovery training program with the implementation of a two tiered training model. Upon completion of level one training, Tissue Recovery Coordinators will have developed a basic understanding of how to carry out the enucleation process in accordance with best practice. Level two training will focus on in-situ, the delicate procedure that excises the cornea for earlier placement in preservation solution and optimizes tissue viability. Building on this, TGLN will enhance its annual competency assessment processes to ensure accordance with the standards and regulations set forth by the American Association of Tissue Banks and the Eye Banking Association of America. Training materials and documentation have been created and/ or updated accordingly.

As recommended in the report above, the move to consolidate multi tissue recovery services under TGLN will occur in 2017/18. Policy development will be completed in 2017/18, along with equipment and supply procurement, recruitment, the creation of an education program, and delivery of the associated training. TGLN will continue to leverage capital, capacity and capability in the system and work collaboratively with the provincial tissue banks to ensure the transition of recovery services is successful. With dedicated resources available 24/7, TGLN's consolidated recovery services will seek to enhance current processes and address system inefficiencies in order to maximize recovery opportunities and improve service delivery.

To reduce the number of restrictions on donation imposed by a coroner or forensic pathologist, TGLN will continue discussions with the Office of the Chief Coroner and Ontario Forensic Pathology Services to assess feasibility of implementing recovery procedures which preserves evidence used in police investigations (chain of custody format). The plan for this was developed in 2016/17, and will be implemented in 2017/18. Training staff to collect and document evidence during the recovery of donors going on to autopsy may reduce the number of donation restrictions.

3.4 Explore and execute system level improvements.

Reports specific to tissue donation potential that were developed in 2016/17 will allow TGLN to determine the most common reasons for cases that were not approached. In 2017/18, TGLN will develop strategies to address and reduce the number of families not approached for donation. TGLN will further use these reports to assess whether such cases are more likely to occur in a specific hospital unit such as the Emergency Department and intends on focusing educational efforts in specific areas going forward.

In 2017/18, TGLN will also invest in an electronic inventory management system for all organ and tissue donation recovery supplies. The purpose is to reduce hours spent manually tracking product expiration dates and minimum threshold levels for purchasing, thereby improving utilization and allowing resources to be utilized more efficiently.

At present, hospitals are reimbursed for their facilitation of organ donation cases, including family approach, donor management, and recovery. Multi-tissue recoveries also impact hospital services, and the operating room in particular. In 2017/18, TGLN will develop and implement a comprehensive cost recovery model to better support hospital partners and their facilitation of multi-tissue recoveries.

TGLN remains committed to discovering ways to engage Funeral Service Professionals in order to improve relationships and minimize the impact of donation on their work. In 2017/18, TGLN will seek to acquire multi-tissue recovery and reconstruction supplies that not only support the work of Funeral Service Professionals, but mitigate any concerns from families related to the impact of donation on the donor's appearance.

TGLN currently reviews deceased patient records on a monthly basis to determine organ donation potential, a process known as health record review. In 2017/18, TGLN will pilot conducting health record reviews on potential tissue donors to assess whether tissue donation opportunities are being missed.

Program Goal: Build a strong organ and tissue donation culture in Ontario.

Objective 4: Engage Ontarians in supporting OTDT and inspire over 276,000 to register consent.

As organ and tissue donor registration is a key contributor to increasing consent rates for donation and a useful barometer for culture change, TGLN's comprehensive communication strategy aims to increase consent for donation by increasing donor registrations and engaging more Ontarians in actively supporting donation and transplantation. TGLN has outlined its strategies and high level activities to achieve this objective in its [Communications Plan](#).

Enabling Goal: Drive performance, quality, innovation and cost-effectiveness through research, process improvement, information technology and talent management.

Research is increasingly emerging as a critical element in achieving TGLN's mission to save more lives through donation and transplantation. In addition to continuous quality improvement, information

technology and people, TGLN will leverage research to support innovation and drive positive change in performance, quality and resource utilization.

Over the last few years TGLN's rich body of data has resulted in continually growing partnerships with researchers and research organizations in Ontario and across Canada. TGLN has reached a point where the scope, variety and sheer numbers of such partnerships and associated research projects requires that a highly coordinated and efficient model be in place for selecting and managing our research participation. Accordingly, a project to design TGLN's research model is taking place in 2016/17. The goal is to make research partnerships easier to establish, and transparent to all in the research community – partnerships that require the minimum time in administration and that enable the maximum attention to data extraction and verification, analysis, reporting and, most importantly, to practical implementation.

The demand and necessity for this research is ever-increasing. Like all patient-focused organizations, TGLN cannot afford to merely sustain current practices and to do so would risk a plateau. TGLN needs to innovate - in registration, donation and transplantation. As TGLN designs its research program, it is doing so in collaboration with partners across Canada. The intent is to ensure that TGLN resources are adding value to the current and continually developing research initiatives in Ontario, in Canada and internationally, and are at the same time maintaining a direct focus on the mission mandated to us by the Government of Ontario.

It is only through TGLN's participation in scientifically founded evidence-based innovation, combined with TGLN's agility in mobilizing knowledge transfer and implementation that TGLN will continue on its positive trajectory.

Although an objective specific to research for 2017/18 has not yet been proposed, TGLN's work in 2016/17 to design and develop an appropriate research model will guide implementation of TGLN's research program.

Objective 5: Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards.

Sustaining its focus on continual quality improvement, TGLN will disseminate quality tools and improvement methodologies across the organizations to enable all teams and individuals to achieve the benefits and efficiencies that are possible for improved program delivery. The strategies and action plans for 2017/18 delineate the on-going building of the quality foundation and the improvement of targeted TGLN processes. TGLN will maintain its compliance to Health Canada's *Safety of Human Cells, Tissues and Organs for Transplantation Regulations* while seeking ways to drive on-going improvement and efficiencies in its service and program delivery.

Strategy 5.1: Re-align quality department services.

The Quality department will be increasing its service delivery model to the tissue program as the provincial system undergoes redesign. In addition, the Quality department will enhance service offerings to the remaining program areas to support quality improvement. A Quality Manager will be added to support the increase in case volumes and expansion of services supporting quality improvement and performance management across the organ and tissue donation and transplantation system.

Strategy 5.2: Enhance “quality culture” at TGLN.

To enhance the culture of continuous cross-organizational improvement, the Quality department will provide training to designated staff in quality tools and improvement methodologies. Selected corporate

improvement projects will be targeted and mapped so that gaps and efficiencies are identified and solutions are implemented.

Strategy 5.3: Build the foundation that defines TGLN’s clinical and support processes.

TGLN will continue the development and enhancement of process documentation to meet clinical, operational and quality system framework needs. In 2017/2018, TGLN will work with various departments to complete the following initiatives:

- Develop and implement additional process instructions for tissue, working towards the American Association for Tissue Banks (AATB) accreditation, and support of the provincial tissue system.
- Develop clinical process instructions for selected core transplant functions.
- Develop documentation that will detail Applications Development, Informatics and Infrastructure-related processes.

Strategy 5.4: Increase the audit function to identify gaps and strengthen processes.

The Quality department conducts an annual, organization-wide internal audit of its donation processes, as well as external audits at each of its organ recovery groups and laboratories. In 2016/2017, the Quality department will initiate the audit of wait-listed patients by transplant programs to identify and resolve any gaps. In 2017/2018, the Quality department will expand the audit process at transplant programs to review the charts of patients either waitlisted or transplanted, in order to identify and resolve any performance metric gaps. In 2017/2018, audits will also be conducted of tissue charts to determine compliance with the AATB standard.

Strategy 5.5: Deliver process improvement in targeted areas that offer opportunity to achieve greater efficiencies.

TGLN continues to support opportunities to make its program delivery more efficient and effective. 2017/18 opportunity areas, such as donation process length, tissue process analysis, key information technology-related processes and procurement processes are targeted for quality improvement.

Strategy 5.6: Maintain and improve patient safety.

A critical incident framework was re-designed and implemented in 2015/2016. This upgraded process will undergo ongoing evaluation to evolve the next iteration.

Objective 6: Enhance IT to drive innovation, improvement and efficiency at TGLN and in the broader donation and transplantation system.

Significant progress in IT has been achieved. Key areas of improvement include:

- Increased responsiveness to customer needs;
- Nimble response to the needs of allocation by prioritizing projects, acquiring the right resources with technical competency and offering superior customer service;
- Provision of timely and accurate data;
- Stronger partnerships with business areas; and,
- Implementation of industry standard processes such as incident management, change management and problem management by utilizing project management and business analysis methodologies.

By November 2016, a robust and detailed business case for renewal of TOTAL, TGLN's mission critical waitlist, allocation and transplant information system will be complete.

Strategy 6.1: Build resilient IT infrastructure by securing technology assets and providing exceptional customer service.

In the coming fiscal year, TGLN's IT division will place greater emphasis on improving the security of its end points and protection of primary access systems. Past reviews of TGLN's information technology have revealed unsupported vulnerable systems and an aging infrastructure that continues to impede progress on enterprise objectives and adds a layer of uncertainty from potential attacks. Building a resilient IT environment that can support the organization can be accomplished by achieving these key actions:

- Building a culture that drives security performance through employee engagement and security awareness;
- Ensuring alignment of security & risk strategies to the IT division's objectives;
- Proactively staying ahead of pending security threats by identifying emerging threats and enabling risk-aware architecture and solutions; and
- Utilizing security resilience practices to monitor and secure data.

Strategy 6.2: Deliver business objectives with project management, oversight and governance.

Project Management methodologies and practices are essential to supporting donation and transplantation at TGLN. Research and innovation continue to lend new challenges and complexity to the allocation rules that lead to successful donation, translating into frequent algorithm updates that must be implemented in order to prevent unnecessary deaths. The IT division is committed to reducing the backlog of algorithm updates by utilizing business analysis and project management practices to deliver on business objectives. In fiscal year 2017/18, TGLN will:

- Leverage existing project management tools to integrate project plans and deliver algorithm projects with greater efficiency;
- Develop and improve project process, develop documentation that will lead to greater efficiencies; and
- Continue to provide training and mentoring on project methodologies to IT.

Strategy 6.3: Implement TGLN's core system modernization project.

TGLN is undertaking the development of a Business Case to redevelop the organ and tissue allocation system called TOTAL, working with a vendor to delineate the future state technology that enables efficient and effective service delivery of the donation and transplantation process. By the fall of 2016, TGLN will submit the Business Case to the MOHLTC for decision on/ support of releasing a request for proposal (RFP). The Business Case will include options for change, including costing.

Strategy 6.4: Empower decision makers with data and tools.

The Informatics team delivers on data extracted from TGLN's database that is essential to aiding in patient care, patient outcomes, public reporting and organizational decision making. TGLN continuously looks to efficiencies in its process and improvements in data quality. In fiscal year 2017/18 TGLN will provide better access to its data by:

- Leveraging eHealth's infrastructure by implementing a self-serve external portal to provide external clients with access to their data;

- Providing support on TGLN’s new research program and the increased request for data from research teams; and
- Creating a body of practice to use the self-serve analytics tools within TGLN.

Objective 7: Build a work environment that fosters staff engagement.

TGLN is taking a multi-faceted approach to build a work environment that fosters staff engagement. Building on plans for 2016/17, including:

- Creation and/or revision of HR policies and supporting processes;
- Implementation of Occupational Health and Safety program;
- Streamlined recruitment process;
- Launch of a Service Award and Recognition Program;
- Enhancement of TGLN’s basic payroll system to a human resource information system (HRIS); and
- Leadership Training for TGLN management staff.

TGLN will continue to integrate and align its organizational human resource processes to cultivate and sustain an engaged and high performing workforce that meets its goals and objectives.

Strategy 7.1: Weave Leadership Competencies into evaluation and recruitment tools to secure and retain ideal ‘people managers’.

TGLN plans to integrate key competencies in relevant human resource programs and practices to attract, engage, develop and retain staff, starting with leadership roles. Key action plans for 2017/18 include:

- Introduction of new leadership competencies for management roles at TGLN using some of the well-researched leadership competencies from the Ontario Hospital Association Best Practices that are shown to cultivate strong leaders.
- These new leadership competencies will form part of TGLN’s performance review for management roles in fiscal year 2017/18.
- TGLN will also incorporate these competencies in recruitment tools for management roles.

Strategy 7.2: Promote transparency of expectations for staff by informing and educating about HR policies and processes.

TGLN has made significant strides in developing and/or updating HR policies and procedures and improving transparency of expectations through communications of these policies. Key actions plans for 2017/18 include:

- Developing an onboarding program for new employees to showcase TGLN expectations including a “new leader” orientation to guide new TGLN ‘people managers’ on how to navigate the nuances of supervision.
- Developing and delivering in-class sessions, hosted by HR staff, to all employees on frequently utilized or often misapplied policies. Such sessions will also allow opportunity for staff input about policy application.

Strategy 7.3: Strive to attain market competitive remuneration and benefits to attract and retain engaged employees.

Since 2015/16, TGLN has made significant improvements to its compensation plan including:

- Alignment of its salary bands to the median of the broader public sector market;
- Providing salary adjustments at the beginning of the fiscal year (compared to retroactive adjustments at the end of the fiscal year);
- Reducing one-time bonuses and increasing base salary adjustments;
- Separating merit increase from an economic increase; and
- Linking merit increase with both organizational and individual performance (as opposed to years of service in role).

Going forward, it is critical for TGLN to sustain these improvements in compensation to successfully retain qualified staff to ensure continued strong donation performance and results. Key actions plan for 2017/18 include:

- Enhancement of benefits after an in-depth benefit review, cost analysis and comparison with TGLN counterparts to ensure budgeted benefit coverage matches the employee needs; and
- Review and measure the comparative worth of TGLN positions in the marketplace paying mind to cost of replacement and training of new staff. Such review will reflect on internal equity, market availability of skilled candidates, service risk for unfilled/ under filled roles and recognition of performance. The goal of such efforts will be to strategize implementation of appropriate annual increases for eligible staff.

Strategy 7.4: Optimize the data collected in the new HRIS to report on worthy analytics to steer change.

TGLN expects to launch a new HRIS in fall 2016 to fully automate employee attendance tracking and scheduling. The new system will reduce manual processes and support optimization of staff scheduling to limit situations of unnecessary overtime, overstaffing and/or lack of coverage. Key action plans for 2017/18 include:

- Harvesting the data that the HRIS collects and produce user friendly reports for staff and management; and
- Using information from HRIS to inform practice/policies and steer positive change.

Risk Assessment and Management

Background

TGLN conducts a risk assessment to identify potential risks that may impact its ability to realize its objectives, strategies and high-level activities for the coming fiscal year. The risk assessment is submitted in accordance with the *Agencies and Appointment Directive*. Risks are identified and assessed in accordance with the Ontario Public Service (OPS) risk categories, as delineated below:

Broad Risk Category	Detailed Risk Category	Definition
Strategic	Strategic/Policy/Performance	<ul style="list-style-type: none"> • Risks that pose a threat to a company's ability to set and execute its overall strategy. • Risk of not meeting performance expectations or commitments.
	Political Commitment/Stakeholder and Public Perception	<ul style="list-style-type: none"> • Risk of not meeting publicly announced commitments made to meet/further the government's objectives (could include platform and mandate letter commitments). • Risk of failure to meet expectations of the public, other Governments, Ministries or other stakeholders in an effective, efficient, and economical manner.
Accountability/ Governance	Governance/Accountability/ Organizational	<ul style="list-style-type: none"> • Risk of inadequate definitions of roles and responsibilities.
	Legal and Regulatory Compliance	<ul style="list-style-type: none"> • Risk of not complying with applicable laws and regulations. • Risk of not being able to meet the terms of a contract.
	Controllership/Accounting	<ul style="list-style-type: none"> • Risk of poor oversight over the accounting and reporting functions of the organization.
Operational	Program Caseload	<ul style="list-style-type: none"> • Risk of agency/Ministry not fulfilling promises made to the public.
	Service/Operational	<ul style="list-style-type: none"> • Risk that services will not get completed or delivered to quality standards or in a timely manner as expected
Workforce	Workforce Compensation	<ul style="list-style-type: none"> • Risk that workforce compensation could be perceived as inadequate.
	Workforce	<ul style="list-style-type: none"> • Risk related to skill shortage, specialized skills not available, or the agency is unable to attract or retain staff with specialized skills.

Broad Risk Category	Detailed Risk Category	Definition
IT and Infrastructure	Information and Information Technology	<ul style="list-style-type: none"> • Risk that information produced or used is incomplete, out-of-date, inaccurate, irrelevant or inadequately protected from inappropriate disclosure. • Risk that information or other technology (e.g. architecture, hardware or software) does not support business requirements, and/or does not support availability, access, integrity, relevance and security of data and the system.
Other	N/A	<ul style="list-style-type: none"> • Risks that do not fit in any of the above categories, for example: <ul style="list-style-type: none"> ○ Corporate social responsibility concerns- climate change, energy management, health promotion, waste reduction, fair trade practices ○ Organizational assets- facilities and equipment, personal safety, physician security ○ Issues relating to third parties that are involved with the agency such as service or goods providers ○ Safety

Human Resources

HR plays a critical role in building a work environment that fosters staff engagement. TGLN has identified an objective and corresponding strategies specifically related to HR ([see Objective 7](#)). An [organizational chart](#) and [staff numbers](#) have also been included to describe how TGLN is structured and where additional staff are required to achieve the objectives that have been identified for the coming fiscal year.

Information Technology/ Electronic Service Delivery

IT services are critically important to the successful achievement of TGLN's goals and objectives. IT is an integral component of TGLN's 24/7 lifesaving operations and a key lever in driving innovation, achieving efficiencies, and improving patient outcomes and system performance. TGLN has identified an objective and corresponding strategies specifically related to Information Technology ([see Objective 6](#)).

Initiatives Involving Third Parties

Collaboration and partnership between TGLN and stakeholders within the organ and tissue donation and transplantation community and the Ontario government are essential to successfully achieve TGLN's objectives. TGLN has identified the following third parties where partnership is integral to implementing the strategies and actions set out in the 2017/18 Business Plan.

1. Committees and Working Groups

TGLN has various committees in place, including: Donation Steering Committee, Transplant Steering Committee and Organ Specific Working Groups. Membership of these committees includes representation from donation hospitals (physicians, nursing and administration) and transplant programs. These committees are important influencers of TGLN's work and ensure strong relations between TGLN and its key stakeholders. In July 2015, TGLN also established a Provincial Tissue Working Group and Provincial Tissue Advisory Council, tasked with assessing and determining the optimal approach for addressing the consolidation of tissue recovery and processing services in Ontario.

2. Transplant Programs

TGLN continues its work to develop a comprehensive provincial transplant system and will sustain its close working relationship with provincial transplant programs to ensure that their needs are met through the TGLN's initiatives.

3. Hospital Donation Physicians

TGLN has engaged a Hospital Donation Physician (HDP) at all 56 Ontario hospitals with Level III critical care services. The 14 Level II hospitals all have Physician Champions.

Working with the hospital's Executive Lead and Operational Lead, the HDP is responsible for ensuring an effective donation program is established and integrated into quality end-of-life care within the hospital. This initiative involves alignment of best practices across the organization to ensure all physicians are aware of the hospital's requirements under the *Trillium Gift of Life Network Act*. Along with the Regional Medical Leads, these physicians promote a culture of organ and tissue donation in hospitals and across the province. Their roles serve as a clinical resource, educator, and advocate to improve all aspects of donation, from identification and referral, to consent, medical management, declaration of death, and recovery.

4. Canadian Blood Services

As outlined in the [Environmental Scan](#) and in support of key initiatives, TGLN will work with CBS on organ and tissue donation and transplantation issues that are national in scope. TGLN will continue to work collaboratively with CBS and other provincial Organ Procurement Organizations, as authorized by MOHLTC, in support of the Canadian Transplant Registry.

5. ServiceOntario

ServiceOntario is a key partner for TGLN to increase organ and tissue donor registrations. A significant portion of the donor registration process is outside of TGLN's direct control and is managed by ServiceOntario. TGLN works collaboratively with ServiceOntario and the MOHLTC to optimize donor registration opportunities and maximize uptake of donor registration through all three registration channels: in-person, online and mail.

6. Institute for Clinical Evaluative Studies (ICES)

TGLN continues to collaborate and partner with ICES' Kidney, Dialysis, and Transplantation program. TGLN provides ICES with information that is used to help improve access to transplantation and outcomes on the transplant waitlist, the effective use of organs of deceased donors, and the outcomes of transplant recipients. Additionally, TGLN and ICES meet regularly to discuss ongoing collaborations and new opportunities.

7. Ontario Renal Network (ORN)

Kidney transplantation provides the best long-term outcomes for patients with end-stage renal disease and is recognized as a more cost-effective intervention than dialysis. TGLN and ORN have established a partnership with the key objective of ensuring an integrated, person-centered, collaborative and continuous kidney care continuum with a focus on bridging patient transitions between renal and transplant programs. This partnership aims to improve opportunities for, and access to, living donation and kidney transplantation for all Ontarians with CKD. An initial key initiative of the TGLN-ORN Partnership is to develop Transplant Education Toolkits for patients, families, potential living kidney donors, and healthcare providers at CKD and Transplant Programs. The goal of the toolkits is to ensure patients have the knowledge to make an informed decision regarding transplant, potential living donors have the knowledge to make an informed decision regarding proceeding with living donation and providers have the knowledge and resources to provide transplant education to patients and potential living donors. Our partnership reflects our shared priorities for patients.

8. Other Key Partners

In addition to the aforementioned, as identified in the Business Plan, other stakeholders that are integral to TGLN's initiatives include: Ontario Hospital Association, Canadian National Transplant Research Program, Cardiac Care Network, Critical Care Society, Critical Care Services Ontario, the Ontario Medical Association, and the Royal College of Physicians and Surgeons, among others.

Communications Plan

Integrated Marketing Communications Strategy 2017/18

Objective

Business: Strategic Focus and Priority

In support of TGLN's mission and strategic priorities, TGLN's communications efforts in 2017/18 will continue to focus on building a strong "culture of donation" in Ontario, with the ultimate goal of increasing consent for donation and saving more lives. As organ and tissue donor registration is a key contributor to increased consent rates, and is a useful barometer for culture change, TGLN will seek to drive over 276,000 Ontarians to register in fiscal year 2017/18.

Context

General Background

- About 1,600 people in Ontario are waiting for an organ transplant at any given time.
- Registration contributes to saving lives by positively influencing consent rates. A significant barrier to conversion of potential organ donors is lack of family consent to organ donation. Donor registration is a key influencer to obtain family consent for organ and tissue donation and increase conversion rate.
- More families and/or next-of-kin consent to organ donation with evidence of their loved one's registered consent. Without this evidence, consent drops dramatically.
- At March 31, 2016, 3.5 million or 29% of eligible Ontarians were registered organ and tissue donors.

Key Research Findings

- Summary of latest research findings (from 2015) include the following:
 - Only two in five Ontarians say they are familiar with organ/tissue donation and the process of registering consent. The same proportion say they have enough information to make a decision.
 - Among those who have not registered, just one quarter say they will not.
 - Only eight percent of Ontarians cite religious/ethical/lifestyle factors as barriers to their support for organ and tissue donation.
 - There is no single challenge most unregistered Ontarians face in deciding whether to register, however, not being comfortable with the topic or health reasons/organs not being suitable rank highest as barriers in making this decision
 - Consensus is lacking in terms of general attitudes towards organ and tissue donation. Attitudes about organ donation being a social responsibility or a routine part of end of life care are held by a minority and are soft.

Target Audience

Overall, 71% of eligible Ontario residents have not registered. Almost half of the non-registered Ontarians (31%) would consider organ donation but are held back because they are uncomfortable or unmoved to register. There is nothing demographically differentiating non-registrants from registrants.

Although the target audience is all non-registrants in Ontario, the bullseye is urban Ontarians who are 18-34 year old, better known as Millennials, a key group to drive a positive donation culture in the province.

Strategic Focus

The following four strategies build on TGLN's successes and create a seamless, integrated and comprehensive communications strategy, with a longer-term view focused on building a culture of organ and tissue donation to maximize conversion and yield more organ donors.

1. Optimize media relations, social media and cost-effective marketing to encourage culture change, drive registration, enable conversation and encourage advocacy.
2. Partner and collaborate with ServiceOntario to increase and maximize registration opportunities.
3. Forge partnerships, strengthen advocacy and seek other beneficial affiliations to extend TGLN's reach and normalize OTDT.
4. Enhance corporate and stakeholder communications to support fulfillment of TGLN's objectives and mandate.

SWOT Analysis

Strengths

- TGLN is affiliated with a passionate group of advocates (recipients, donor families) with compelling personal stories to share.
- Media interest in organ and tissue donation – the technical marvel of transplantation; the immortal and legacy elements of donation; the personal stories of life/death, suffering, loss, and rebirth – is evergreen, affording TGLN opportunity for ongoing media relations.
- Collaboration with ServiceOntario continues to result in successful initiatives to increase registration numbers and, ultimately, consent rates.
- Registering consent is easy and widely accessible (via Internet and Smartphone).
- Via ServiceOntario, TGLN has an opportunity to ask virtually all Ontarians about donor registration at least once every four years.

Weaknesses

- Organ and tissue donation is not top-of-mind nor personally relevant for most Ontarians.
- Ontarians see no urgency to register.
- Misconceptions and skepticism related to organ and tissue donation are prevalent, amongst the public and the media.
- TGLN competes for attention with a wide variety of health-related issues which are much more pervasive and affect many more Ontarians, and whose organizations have larger marketing budgets available.
- Reduction in TGLN's communications budget through discontinuation of recurring one-time funds by the Ministry has significantly limited TGLN's paid marketing.
- Current legislation hampers the ability to share personal stories without contravening privacy laws.

Opportunities

- Localized data on registration allows TGLN to speak to audiences on a macro and micro level, with tailored messages relevant to the provincial, local or regional population groups.

- Government strategy to accelerate conversion of red and white health card is expanding opportunities for registration through ServiceOntario centres.
- Among the culturally diverse populations in the GTA, the South Asian community shows potential to build support for organ and tissue donation.
- TGLN has a significant and engaged social media audience willing to share messages with their networks, providing additional reach and opportunity.
- Relationships with key government representatives provide ongoing opportunities to reach new constituents and influence decision-making in communities with low registration rates.

Threats

- The availability of “low hanging fruit” for registration has diminished and targeting Ontarians who are more lukewarm to registration and donation is more challenging.
- As the majority of the donor registration process lies with ServiceOntario and outside TGLN’s direct control, changes at ServiceOntario - such as online driver’s licence renewal, and potentially online health card renewal in future - may reduce and/or weaken opportunities for donor registration if it is not integrated as part of the online transaction. Additionally, outages of the online donor registry directly affect registration volumes.

Strategic Approach and High Level Tactics
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Strategy 1: Optimize media relations, social media and cost-effective marketing to encourage culture change, drive registration, enable conversation and encourage advocacy.

Audience

- Target, via earned/paid/social media

Approach

In 2015/16 and continuing into 2016/17, TGLN engaged in a strategic messaging and positioning exercise with our agency of record, with the goal of developing new motivational messaging (and related creative concepts) which could continue to encourage registration and work to embed OTDT as a shared value in Ontario. In 2017/18, TGLN will pull these messages and concepts through all of our earned, paid and social products, as well as corporate communications and communications to advocates.

High Level Tactics

- Develop cost-effective, compelling marketing assets to engage Ontarians with OTDT through registration, conversation and advocacy.
- Capitalize on digital and mobile opportunities to normalize OTDT.
- Refresh and update messages (including paid, earned and social media).
- Fortify TGLN’s position as the go-to media source for information, education and perspective on OTDT issues.
- Expand on TGLN’s media strategy (to engage media on a local level), by cultivating local stories and spokespeople; encouraging and supporting hospital media relations; and making local data easily available.

Strategy 2: Partner and collaborate with ServiceOntario to increase and maximize registration opportunities.

Audience

- **Key decision-makers at ServiceOntario**, to ensure that opportunities to increase and/or improve organ and tissue donor registration are considered in program and policy changes.
- **SO staff at public and private ServiceOntario centres within the GTA**, key partners in making the organ and tissue donor registration ask and registering customers.
- **SO customers (general public)** visiting ServiceOntario centres to conduct health card related transactions, renew their driver's licence, or apply for an Ontario identification card.

Approach

TGLN continues to cultivate productive working relationships with ServiceOntario at all levels. TGLN will continue to collaborate with ServiceOntario on initiatives that create an increased opportunity for registration through the online, in-person and direct mail channels. ServiceOntario has proven to be very open to piloting initiatives to test new concepts.

High Level Tactics

- Enhance the experience, environment and value of the organ and tissue donor registration transaction for both clients and staff at ServiceOntario centres (queuing initiative in public centres, updated TGLN brochures and posters).
- Leverage new technology at ServiceOntario to promote and encourage donor registration.
- In collaboration with the government's behavioural insights unit, trial new approaches to increase and optimize online donor registration.
- Preserve, integrate and optimize registration opportunity as ServiceOntario migrates health card services online.
- Maximize registration opportunities in the final phase of red and white health card conversion.

Strategy 3: Forge partnerships, strengthen advocacy and seek other beneficial affiliations to extend TGLN's reach and normalize OTDT.

Audience

- Target, via advocates, partners and stakeholders

Approach

While TGLN has always relied on partnerships and advocates to advance our communications efforts, our goal of normalizing OTDT is even more reliant on the reach and endorsement of our advocates and other affiliations. These partnerships, when effective, allow TGLN to bring our messages to venues and audiences which would otherwise be inaccessible. Hospitals, in particular, have great potential to encourage or discourage donation culture in the communities they serve.

High Level Tactics

- Leverage the influence and reach of hospitals to normalize OTDT.
- Reinvigorate mutually beneficial relationships with key NGOs.
- Build on growing engagement in the GTA South Asian communities and seek opportunities in other cultural/faith communities.
- Embed and expand on opportunities to educate funeral directors as supporters/influencers of OTDT, and develop them as conduits for registration.

- Maintain relationships with elected officials to grow support and understanding of OTDT, and to leverage them as influencers in their constituencies.
- In collaboration with researchers, assess feasibility and effectiveness of encouraging donor registration in family physicians' offices.
- Explore and develop new channels to identify and coach advocates (through Family Services and via other means) to generate fresh, relevant stories about OTDT.
- Seek opportunities for collaboration with mainstream partners to frame OTDT as an accepted, positive behaviour.

Strategy 4: Enhance corporate and stakeholder communications to support fulfillment of TGLN's objectives and mandate.

Audience

- TGLN staff, stakeholders, partners and the public, via TGLN's leadership team and staff

Approach

With an expanded mandate and ambitious goals, efficient and effective corporate communications is essential to reinforce TGLN's leadership and positive reputation amongst stakeholders, partners and the public. Strategic communications counsel and advice, applied at the planning and implementation stages of TGLN projects and programs, will enhance outcomes and position TGLN favourably to all relevant audiences.

High Level Tactics

- Work to integrate a more cohesive and unified communications approach across the entire organization.
- Integrate communications expertise earlier in the planning and development of TGLN-wide initiatives (ex. living donation, tissue system redesign), plans, issues management, products and materials.
- Provide advice and counsel on internal communications to help foster mutual understanding and greater cooperation within TGLN to support fulfillment of mandate.
- Expand and improve on strategic communications programs with hospitals, in collaboration with program leads and managers.

Donor Registration Target for 2017/18

Context

- Precise target setting for donor registration is challenging. TGLN is guided by past donor registration results, available resources and public opinion research results to set realistic, measureable targets.
- As registration is a key driver for family consent (families are significantly more likely to give consent for donation if the potential donor is registered), increased registration is an important goal in and of itself. Additionally, registration growth is a useful barometer as to whether efforts to change culture have traction.

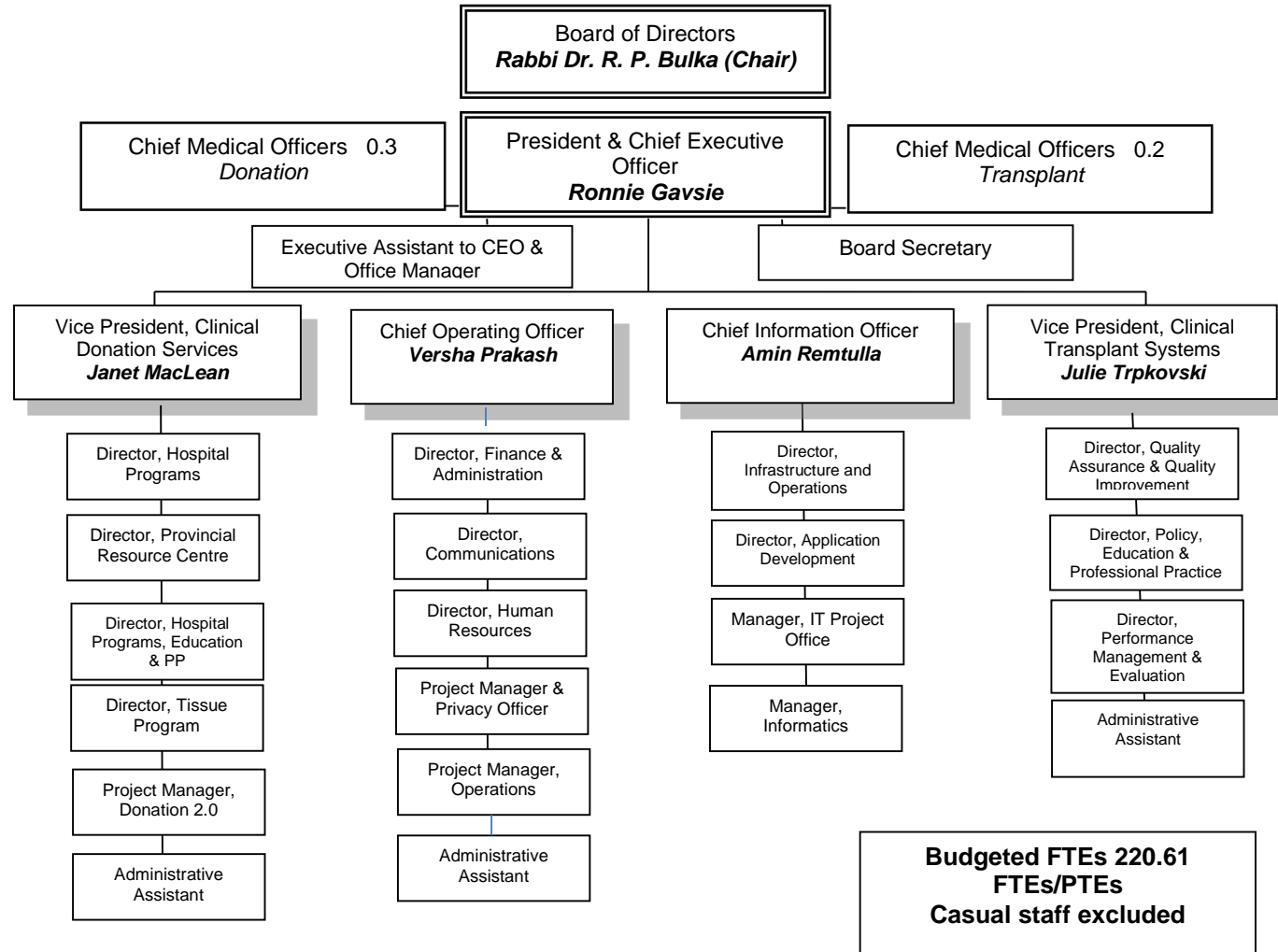
Registration Target for 2017/18

- The target of achieving over 276,000 registered donors is based on the average number of registrations per year over the past five years. Two of those years were particularly strong due to factors TGLN may not be able to replicate.

- The target is set as a minimum number of new donor registrations that TGLN, in collaboration with its partners, will work to achieve in 2017/18.
- This target is based on many considerations including:
 - Red and white health card conversion activity at ServiceOntario, a key driver of increased donor registrations, will be complete by Fall 2017;
 - Restrained fiscal environment for paid marketing or high-cost outreach programs;
 - Those willing to register now form a smaller portion of the unregistered population in Ontario; and
 - Encouraging the pool of undecided and unwilling is more difficult (and may take more time) than encouraging those who are generally supportive.

Organizational Chart

As of July 2016



Staff Numbers

Summary of Current TGLN Budgeted Staff Positions- 2016/17

Positions	# FTEs
Office of the President	5.5
President and Chief Executive Officer	1.0
Executive Assistant to CEO & Office Manager	1.0
Chief Medical Officer – Donation	0.3
Chief Medical Officer – Transplant & Organ Specific Leads	0.2
Administrative Assistant, Physician Donation	1.0
Board Secretary	1.0
Physician Program Lead	1.0
Clinical Operations	4.0
Vice President, Clinical Donation Services	1.0
Administrative Assistant	1.0
Project Manager	2.0
Hospital Programs & Education	14.0
Director Hospital Programs, Education & Professional Practice	1.0
Administrative Assistant	1.0
Manager, Education & Professional Practice	1.0
Hospital Development Coordinators	5.0
Health Information Management Specialist	1.0
Health Record Reviewer	2.0
Educators	3.0
Hospital Programs	28.4
Director, Hospital Programs	1.0
Manager, Hospital Programs	2.0
Organ and Tissue Donation Coordinators	23.4
Family Discussion Coordinator	2.0
Provincial Resource Centre- Organ	33.5
Director, Provincial Resource Centre	1.0
Administrative Assistant	1.0
Manager, PRC – Organ	1.0

Positions	# FTEs
Clinical Specialist, Organ	1.0
Clinical Services Coordinators	16.0
Surgical Recovery Coordinators	7.5
Referral Triage Coordinator	4.0
Information Coordinator – Organ	1.0
Sr. Health Informatics Analyst, Donation	1.0
Tissue Program	44.21
Director, Provincial Resource Centre - Tissue	1.0
Administrative Assistant	1.0
Manager, PRC – Tissue	1.0
Manager, Recovery	1.0
Clinical Specialist, Tissue	1.0
Tissue Recovery Supervisor	1.0
Community Program Coordinator	1.0
Information Coordinators	2.0
Tissue Coordinators	23.6
Tissue Recovery Coordinators	11.61
Operations	4.0
Chief Operating Officer	1.0
Administrative Assistant	1.0
Project Manager & Privacy Officer	1.0
Project Manager, Operations	1.0
Communications & Family Services	13.0
Director Communications	1.0
Manager, Communications	1.0
Sr. Marketing Relations Advisor	1.0
Lead, Communications	1.0
Senior Communications Advisor	1.0
Communications Advisor	1.0
Communications Coordinator	2.0
Digital Media Advisor	1.0
Communications Assistant	1.0

Positions	# FTEs
Media Relations Coordinator	1.0
Family Services Advisors	1.5
Family Services Assistant	0.5
Finance and Administration	11.0
Director, Finance & Administration	1.0
Finance Manager	1.0
Senior Financial Analyst	2.0
Procurement Specialist	1.0
Payroll Specialist	1.0
Accountant	1.0
PRELOD & TPER Administrator	1.0
Accounting and Payroll Assistants	2.0
Receptionist	1.0
Human Resources	5.0
Director, Human Resources	1.0
Human Resources Manager	1.0
Human Resources Generalist	1.0
Human Resources Coordinator	2.0
IT	31.0
Chief Information Officer	1.0
Director, Infrastructure & Operations	1.0
Manager, IT Project Office	1.0
Director, Application Development	1.0
Manager, Informatics	1.0
Programmers	4.0
Senior Health Informatics Analysts	2.0
Cognos and Data Warehouse Specialist	1.0
Senior Network Administrator	1.0
Network Administrator	2.0
Change Control & Infrastructure Lead	1.0
Database Administrator	1.0
Software Quality Analysts	3.0

Positions	# FTEs
Application Development Lead	1.0
Senior Business Consultant	2.0
Informatics Specialist	1.0
Data Warehouse Developer/Modeller	1.0
Service Desk Analyst	2.0
SharePoint Developer	1.0
Oracle Developer Lead	1.0
Business Analyst	1.0
Project Analyst	1.0
Transplant	18.0
Vice President, Clinical Transplant Systems	1.0
Administrative Assistant	1.0
Directors, Transplant	2.0
Project Analysts, Transplant	4.0
Project Managers, Transplant	3.0
Manager, Transplant	1.0
Regional Clinical Liaison	5.0
Senior Health Informatics	1.0
Quality	9.0
Director, Quality Assurance & Performance Improvement	1.0
Clinical Quality Specialist	1.0
Quality Engineer	1.0
Quality Analysts	4.0
Quality Compliance Coordinator	1.0
Quality Assurance	1.0
Total Budgeted Positions	220.61

Summary of Requested Staff Positions– 2017/18

Positions	# FTEs
Hospital Programs and Education	0.5
Health Record Reviewer	0.5
Hospital Programs	5.1
Family Discussion Coordinator	1.0
OTDC	4.1
Provincial Resource Centre- Organ	4.0
Surgical Recovery Coordinator	2.0
Referral Triage Coordinator	1.0
Clinical Service Coordinator	1.0
Tissue Program	8.13
Tissue Coordinator	2.2
Tissue Recovery Coordinator	3.93
Information Coordinator	1.0
Inventory Clerk	1.0
Operations	3.0
A/P Clerk	1.0
Contracts Coordinator	1.0
Communications Advisor	1.0
IT	3.0
Senior Health Informatics Analyst	1.0
Senior Business Consultant	1.0
Security Specialist	1.0
Quality	3.0
Manager, Quality	1.0
Quality Analyst	1.0
Quality Improvement Specialist	1.0
Total Requested Positions	26.73

Performance and Directional Indicators & Targets

TGLN Scorecard

Performance Indicator	Definition	2017/18 TGLN Target
Objective 2: Achieve 58-61% provincial conversion rate, 308-325 organ donors and 3.28 organ yield per donor.		
Conversion Rate	Actual donors of all ages divided by medically eligible deaths.	58-61%
Deceased Organ Donors	Number of deceased organ donors.	308-325
Organ Yield	Number of organs recovered and transplanted from organ donors.	3.28
Objective 3: Achieve 49% consent rate, 2400-2600 ocular donors and 390-415 multi-tissue donations.		
Tissue Consent Rate	Cases where tissue consent is obtained from all those approached.	49%
Number of Ocular Donors	Number of ocular donors.	2400-2600
Number of Multi-Tissue Donations	Number of tissue donors who donated one or more of the following tissue types: skin, heart valves, bone and/or connective tissue.	390-415
Objective 4: Engage Ontarians in supporting OTDT and inspire over 276,000 to register consent.		
Donor registration in MOHLTC's Database	Number of additional donor registrations in MOHLTC's database.	276,000
Objective 7: Build a work environment that fosters staff engagement.		
Total Turnover	Number of total staff departures/Average number of staff.	13%

Appendix 1: Detailed Explanation of Organ Targets

Objective 2: Achieve a 58-61% provincial conversion rate, 308-325 organ donors and 3.28 organ yield per donor.

TGLN will seek to continue to maximize donor potential and maintain a strong conversion rate in Ontario. In this regard, there will be a continued focus placed on consent performance as well as on ensuring that every ventilated patient is screened for the opportunity to donate and be approached if appropriate. With increased efforts focused on Donation after Cardiac Death (DCD) performance, TGLN will work with hospitals to understand and help improve the rate at which potential DCD donors are converted into actual donors by providing feedback related to missed DCD donation opportunities and the timeliness of their referrals.

TGLN also continues to work with its stakeholders to foster innovative system level improvements. As Ontario hospitals reporting to TGLN continue to acquire knowledge, experience, and support from internal staff and physician leadership regarding donation, we can anticipate an increase in the number of organ donors in the next fiscal year. TGLN will seek to continue to leverage the influence of physicians, which is crucial for culture change to occur in each local community and around Ontario.

Despite the number of organ donors increasing, organ yield has decreased. While historically TGLN has experienced high organ yield, in recent years, as DCD donations have increased, organ yield has been significantly impacted because hearts cannot be transplanted from DCD donors, and the length of the dying process may lead to the exclusion of other additional organs being recovered. The aging population has a similar effect on organ yield given the number of organs recovered from these patients tends to be slightly lower than the average, due to the associated medical conditions many older patients experience. As a result, TGLN has adjusted its target for the 2017/18 fiscal year (see Table- [Organ Yield](#)), to better align with the organ yield performance observed in 2015/16.

In order to address the decline in organ yield, TGLN has sought to focus on optimizing donor management in critical care areas and maximization of organ allocation to help ensure that every suitable organ is placed in Ontario or across the country. Further, continued utilization of Ex-Vivo Lung Perfusion, and the OrganOx, an external liver perfusion machine, is a priority.

Provincial Conversion Rate and Organ Donors

Hospitals	Hospital Count	Potential Eligibles			NDD Donors			DCD Donors			Total Donors		
		2015/16 (A)	2016/17 (P)	2017/18 (P)	2015/16 (A)	2016/17 (P)	2017/18 (P)	2015/16 (A)	2016/17 (P)	2017/18 (P)	2015/16 (A)	2016/17 (P)	2017/18 (P)
Original Hospitals Level III	21	406	334	406	172	160-171	172-176	79	50-54	85-87	251	210-219	257-263
New Hospitals Level III	35	124	137	125	28	46-48	30-37	17	15-17	21-25	45	61-65	51-62
New Hospitals Level II	14	DECEASED HEALTH RECORD REVIEW NOT PERFORMED											
All Hospitals	70	530	471	531	200	206-219	202-213	96	65-71	106-112	296	271-284	308-325

***A=Actual, P=Projected**

***56% Conversion Rate (A) - 2015/16**

****58-61% Conversion Rate (P) - 2016/17**

*****58-61% Conversion Rate (P) - 2017/18**

Organ Yield

Organ	Actual 2015/16	Projected 2016/17	Projected 2017/18
Heart	24%	24%	23%
Kidney	79%	82%	79%
Liver	60%	75%	62%
Lung	25%	33%	30%
Pancreas Islets	8%	10%	10%
Pancreas Whole	16%	18%	15%
Small Bowel	1%	0%	0%
Total Organ Yield	3.18	3.57	3.28

Appendix 2: Detailed Explanation of Tissue Targets

Objective 3: Achieve a 49% consent rate, 2400-2600 ocular donors and 390-415 multi-tissue donations.

With the intent of maximizing all tissue donation opportunities and improving tissue donation performance, TGLN has undertaken initiatives which seek to boost the number of tissue referrals, increase consent performance, and improve the capacity for both ocular and multi-tissue recovery province-wide.

Namely, TGLN is focused on increasing the number of referrals for tissue donation by leveraging its existing collaborative partnerships. This increase will rely on the additional referrals from the Office of the Chief Coroner that are anticipated in 2017/18, as well as those from hospitals through the continuous efforts of Ontario hospitals to improve their Routine Notification Rate performance.

Given that family consent is also an essential aspect of maximizing donation potential, TGLN will continue to focus on developing a strategy that maximizes donation through robust consent practices. After revisions to its 'staffing deployment strategy' (i.e. strategically assigning staff to donation cases based on strength and experience), and with a continued focus on consent performance, TGLN can also expect an increase in the number of families who are approached for and consent to tissue donation.

Last, the consolidation of recovery services under TGLN and dedicated recovery resources will mitigate current gaps, and thus help to increase the number of multi-tissue donations. Further, collaboration between the provincial tissue banks and TGLN's Medical Director, Tissue, to review standardized medical suitability criteria will also improve the number of donors accepted for transplantation.

Tissue Donation

	Actual 2015/16	Projected 2016/17	Projected 2017/18
Referrals	29,356	30,500	31,000
Consents	52%	44%	49%
Ocular Donors	2,233	2,200 – 2,400	2,400 – 2,600
Multi-Tissue Donations	279	330-350	390 - 415