



# Trillium Gift of Life Network Annual Report 2003-2004



**Ontario**

Trillium Gift of Life Network

## MISSION

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

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

## VISION

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

## VALUES

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



## FRONT COVER PHOTO:

Our *Champions for the Gift of Life*\* are: (from left) Dominic, Past President of Toronto Automobile Dealers' Association; Jim, a Toronto Firefighter and his children, Ayden and Kailyn, who are both heart recipients; and Heidi, a Staff Sergeant with York Regional Police.

For more information on becoming a Champion for the Gift of Life please contact our communications department at 416-363-4001.

*\*Trillium Gift of Life Network workplace partnership initiative*

July 29, 2004

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

Dear Minister,

Pursuant to the Trillium Gift of Life Network Act 2000, c.39, s.5, section 8.15 (1), on behalf of the Board of Directors of Trillium Gift of Life Network (TGLN), I respectfully submit its 2003 – 2004 Annual Report.

We are pleased to report on the progress of TGLN in 2003 – 2004 as we worked with our partners to increase the number of organ and tissue donations in Ontario and decrease the waiting lists for organ and tissue transplants. In achieving the results being reported, we were grateful for the efforts of our staff, the commitment of our stakeholders, the support of staff in the Ministry of Health and Long-Term Care, and your encouragement and active participation in furthering our cause.

We look forward to an even more productive 2004 – 2005.

Yours truly,



Brian Flood  
Chair, Board of Directors



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## MESSAGE FROM THE CHAIR

This is the Annual Report of Trillium Gift of Life Network (TGLN) for the fiscal year ended March 31, 2004, the second year of its operations. The Report describes our activities and progress on many fronts, the breadth of which reflects both the complex nature of TGLN's mandate and the fact that TGLN is still developing. Areas of focus included: working with the neurosurgical/trauma hospitals across the province to improve organ and tissue donation performance; educating Ontario residents about the importance and benefits of donation; developing province-wide systems and standards to facilitate efficient and safe donation; improving TGLN's information technology capabilities to better manage transplant waiting lists and capture the data that is essential for performance evaluation and improvement; creating advisory committees of health care professionals and volunteers with representation from across the Province; and building the policies, organizational structure, systems and controls necessary for appropriate governance.

The year was not without challenges. The great and unexpected challenge of SARS had a serious effect on organ and tissue donation, particularly in the Greater Toronto Area, resulting in the loss of an estimated 12 potential organ donations. As well, the risk that West Nile Virus can be transmitted through donation and transplantation became an important issue. TGLN led the effort in Ontario to develop and implement a province-wide plan to test potential donors for West Nile virus and this plan formed the basis of Health Canada's 2003 Directive on West Nile.

Some of our challenges were more predictable. Many centred on the fact that TGLN's work involves change – change in the approach to and importance of organ and tissue donation in our health care institutions, among health care workers, and among the residents of Ontario. TGLN is a young organization seized with the task of leading this change. We realize that we will successfully do so by establishing a reputation for excellence and service and by building strong, mutually supportive relationships with those who can influence donation. This is a long-term effort, but we made considerable progress in 2003 – 2004 and we are renewing and expanding our efforts in the current year.

In the latter part of 2002 – 2003, we took a first step in our strategy to assist hospitals in their organ and tissue donation efforts by introducing in hospitals with neurosurgery and trauma units full-time In-

Hospital Organ and Tissue Donation Coordinators – a newly-created role in most hospitals. The Coordinators devoted the year to establishing their role; raising awareness of donation; educating health care workers; gathering data; participating in the creation of Organ and Tissue Donation Committees to champion and oversee the organ and tissue donation programs; and working with hospital staff to develop organ and tissue donation protocols. The Coordinators did this while, at the same time, assisting with each organ donation opportunity that arose in their hospitals.

The introduction of our Coordinators is an example of the changes that TGLN's programs entail, leading to a new or renewed emphasis on a positive donation culture in the hospitals. We are fortunate to have an excellent team of Coordinators and we are encouraged by their progress. Through their determination and efforts a solid foundation has been established that should lead to real improvement in donation results in the hospitals.

An important aspect of effecting change is measuring performance and TGLN is dedicated to improving the donation strategies it puts into place by evaluating each step of the donation process through the collection, management and analysis of reliable clinical information. In 2003 – 2004, two major steps were taken to address this: the In-Hospital Donation Coordinators began collecting this data in their hospitals on behalf of TGLN, and the Minister of Health and Long-Term Care authorized the expenditure of \$965,000 for a new information system for the Network. The system is now being developed and is expected to be completed and in use by April 2005.

During the year, considerable effort was directed to ensuring that our clinical work in organ and tissue donation processes continues to be safe, efficient and effective. Clinical working groups established in 2002 – 2003 are assisting in developing principles and standardized approaches to clinical practice. In consultation with these expert advisers, TGLN began to develop a framework for the complex work of managing organ and tissue donation cases, from the initial identification of the potential donor through, the delivery of life-saving organs to a transplant hospital. These efforts include work to ensure that clinical operations are compliant with quality and safety standards of the Health Canada Directive in 2003, "*Basic Safety Requirements for Human Cells, Tissues and Organs for Transplantation*".

*Continued on page 6*

*Continued from page 5*

We also established a Donor Family Advisory Council to advise and assist us in the important work of supporting donor families during their time of need. This enthusiastic and compassionate group is providing us with invaluable support.

Part of our mandate is to educate the people of Ontario about organ and tissue donation. Our work in this area took many different forms in 2003 – 2004. Much of our effort was in supporting the wonderful volunteers and community organizations that hold events to promote organ and tissue donation in communities across Ontario. These groups do a terrific job and our role is to support them by providing them with ideas, educational and awareness material – available in 16 different languages – and a comprehensive volunteer kit that we developed during the year. A major step forward during the year was the creation of our Provincial Volunteer Committee made up of committed individuals from across the Province dedicated to spreading the message about organ and tissue donation in their communities. This group is in the process of establishing a number of regional committees to supplement and support the efforts of existing groups.

Many of our direct public awareness efforts took place at sporting events across the Province where our staff and volunteers were given the opportunity to deliver our message and to distribute donor cards and our educational brochures. We also upgraded our website [www.giftoflife.on.ca](http://www.giftoflife.on.ca); developed an advertisement that was shown in movie theatres and distributed to television and radio stations across the Province for use as a public service announcement; and conducted a province-wide advertising campaign in Ontario's daily newspapers.

Our efforts during 2003 – 2004 did not result in a significant increase in the number of organ donors over last year: 136 deceased donors compared to 133. While this is disappointing it is not surprising. Certainly SARS had a serious impact on the number of donations. Equally important, it is unrealistic to expect that the programs we introduced in hospitals throughout the year would have an immediate effect. Also, we learned a great deal during the year about the needs of hospitals and this is helping us adjust, expand and intensify our work in supporting them. All of this takes time. We have been consulting two of the most successful organ procurement organizations in the United States, the Gift of Life Donor Program, based in Philadelphia and LifeGift, based in Houston,

and the renowned Spanish organ donation agency, Organizacion Nacional de Trasplantes (ONT). It took these organizations many years of developing programs and implementing change before significant improvement in the number of organ and tissue donations was realized. We are determined to shorten this period. By learning from the experience of these organizations, with the willingness to improve which we are seeing in our hospitals, and the strong support of our government we believe we can do so. We are approaching 2004 – 2005 with determination and a sense of urgency to see real improvement in the number of donations by the end of this year and continuously improving in future years.

In June 2004 Darwin Kealey stepped down as the President and Chief Executive Officer of TGLN, after two and one half years in office. Darwin's contribution to the development of TGLN has been enormous. He assumed the role when there was no office, no budget, no plan and one employee and has built TGLN into an organization positioned to make a real impact in Ontario. The role Darwin played in the critical early stages of TGLN will not be forgotten. On behalf of the Board, staff and stakeholders I want to thank him for his wonderful contribution.

We have begun a search for a new President and CEO. In the meantime, Sue Wilson, the Vice Chair of the Board of TGLN, is acting as Interim President and CEO. Sue Wilson has been with the Board since its inception and is very familiar with our plans, programs and staff. She is providing strong, enthusiastic leadership to TGLN as the search process is being carried out.

In conclusion, we wish to extend our thanks to those who have made possible TGLN's accomplishments during the year: Premier Dalton McGuinty and Minister of Health and Long-Term Care George Smitherman who have provided outstanding support and vocal advocacy in championing the cause of organ and tissue donation; the hospitals and health care workers for their support, cooperation and encouragement; our wonderful volunteers for their devotion to our cause, and last, but far from least, our Board of Directors and staff for their loyalty and plain hard work. We look forward to 2004 – 2005 with energy and determination.

**BRIAN FLOOD**  
*Chair, Board of Directors*



## TRILLIUM GIFT OF LIFE NETWORK

Trillium Gift of Life Network (TGLN) was established as an agency of the Ministry of Health and Long-Term Care to save and improve lives by maximizing the number of organ and tissue donations in Ontario.

### MANDATE

*(adapted excerpt from Trillium Gift of Life Network Act)*

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

THE ORGAN AND TISSUE DONATION CONTINUUM

Identify Option to Donate



Refer Potential Donor to TGLN



Include Donation in End-of-Life Care Plan



Discuss Donation with Family



Document Affirmative Donation Decision



Complete Donor Screening & Testing



Continue Medical Management and Family Support



Plan for Surgical Recovery



Recover Organs and Tissues



Transplantation of Organs and Tissues



Family Support and Aftercare

## HOSPITAL AND PROFESSIONAL SUPPORT

In keeping with our Mission and Mandate, we work with our health care partners to maximize organ and tissue donations with a view to ensuring that all those who have the potential to become donors are offered the option of donating.

We are active participants in the organ and tissue donation process through our Hospital Program, our Provincial Resource Centre and our Living Donation and Tissue Donation programs.

### HOSPITAL PROGRAM

The goal of our Hospital Program is to maximize donations by patients who meet the neurological criteria for death ('brain death'). The program is currently active in 12 hospitals across Ontario with neurosurgical and/or trauma capability and we plan to extend it to community hospitals in 2004 – 2005. The program includes placing in hospitals TGLN staff specially-trained in organ and tissue donation, undertaking to improve awareness of the option of donation in hospitals and educating hospital health care professionals.

#### In-Hospital Organ and Tissue Donation Coordinators

During 2003 – 2004, the major focus of the Hospital Program was on establishing and developing the role and importance of the In-Hospital Organ and Tissue Donation Coordinators (IHDCs) in the hospitals with neurosurgical and/or trauma units. That role is multi-faceted as the IHDCs promote organ and tissue donation within these hospitals; provide expertise, assistance and support to the neurosurgical and trauma programs in all aspects of their organ donation related activities; provide training to health care workers; recommend and assist in implementing donation process improvements; customize and assist in implementing organ and tissue donation protocols; and assist in the creation and operation of the hospitals' Organ and Tissue Donation Committees.

#### Donor Referrals

Providing the option of donation to the family of every potential donor is a fundamental aspect of maximizing organ and tissue donations and the first step in that process is identifying potential organ donors, a step known as a 'donor referral'.

Total donor referrals can be an important measure of whether the option of organ and tissue donation is being considered in the provision of end-of-life care. The number of referrals of deceased donors with organ donation potential increased by 44% in neurosurgical/trauma hospitals and 22% in community hospitals, and referrals with tissue donation potential increased by 20%. While actual donations in 2003 – 2004 did not reflect increases commensurate to the increased referrals during the year, the increase reflects a growing awareness of organ and tissue donation among health care professionals.

*“Her spirit is with us,  
poking fun and  
helping to guide us  
through the everyday  
obstacles that you  
can't quite see over,  
and in moments of  
retrospection, usually  
when looking at some  
beautiful flower, there  
is the smile that  
someone, somewhere  
is also having fun  
with their own family  
as they grab life by  
the horns and enjoy  
every single day. That  
is the ultimate gift.”*

A DONOR SISTER-IN-LAW

### DONOR REFERRAL

*A Donor Referral is notification  
to TGLN by hospital staff of a  
potential donor*

.....

*TGLN staff assist in confirming  
whether the patient is eligible to  
donate and, if there is a wish for  
donation, provide support to families  
and hospital staff*

*“A liver transplant saved my life and not a single day goes by that I don’t think about the donor family whose courage and selfless generosity made that transplant possible... My donor family became part of my consciousness... they would never ever be far from my thoughts.”*

A RECIPIENT

A number of factors may influence whether the referral of a potential donor will translate into an actual organ or tissue donation, thus, there is no straight line conclusion that increased donor referrals will lead to increased donations. However, knowing whether deceased patients were considered as potential donors provides the frame of reference necessary to ensure that the option of donation becomes standard practice in end-of-life care.

#### Health Record Review

The review of health records will be used to understand better the factors that inhibit organ donation at each step of the donation process and provide the information with which to develop strategies to improve the rate of conversion from potential donor to actual donor. In short, these reviews will be key to performance evaluation, strategy and accountability.

In 2003 – 2004, Health Record Reviews were conducted on a trial basis in the critical care and emergency areas of neurosurgical/trauma hospitals. Records of more than 800 persons who died in hospitals in calendar year 2002 were reviewed by IHDCs in consultation with hospital staff to determine if the documentation identified the following: whether each deceased patient was considered for organ donation; whether a referral to TGLN occurred; whether consent was obtained and, if not, why; and whether recovery of organs and tissue took place. Information such as who spoke to the family and when the discussion occurred was also collected. As a result of the trial review, refinements were made in the over-all donation process, and in its revised and improved form, the process is now being used in the neurosurgical and trauma hospitals. It will be extended to community hospitals in 2004 – 2005.

#### Organ & Tissue Donation Committees in Hospitals

Organ and Tissue Donation Committees in hospitals consist of a cross-section of health care workers whose roles in the hospitals can effect donation. It is hoped that those on the Committees will be influential champions of donation as well as provide leadership and direction to the hospitals’ organ and tissue donation programs. They are the primary agents for facilitating a sustainable donation program in a hospital. The goal is to ensure the donation option is integrated as a standard part of quality end-of-life care, and to ensure consistency and quality for the organ and tissue donation process. Throughout 2003-2004 these Committees were formed, their terms of reference were settled, and, by year-end, each hospital with an In-Hospital-Donation Coordinator had an active Committee. Committee members for each of the hospitals are listed in Appendix C of this Annual Report.

IHDCs praised the support they received from their committees, noting the role of committee members as positive agents for change and their understanding of the challenges and approaches needed to address barriers to organ and tissue donation.

#### SAMPLE IHDC COMMENTS ABOUT THEIR HOSPITAL ORGAN AND TISSUE DONATION COMMITTEES

*“incredibly committed and driven”*

*“very influential in generating internal awareness”*

*“great enthusiasm among the members”*

### Professional Education

TGLN's professional education program is designed to enhance the knowledge among health care professionals of best practices around donations of organs and tissue from deceased donors. The education curriculum encompasses the philosophical and all operational aspects of donation procedures.

2003 – 2004 was the first year of this program as TGLN Education staff and IHDCs made approximately 670 presentations to, or held education sessions with, residents, physicians and nurses, social workers, and pastoral care workers primarily from emergency and intensive care units.

### Donation Options Facilitators

The Donation Options Facilitators (DOF) program is directed at health care professionals, social workers and chaplains involved with patients and their families in end-of-life care situations. In 2003 – 2004, TGLN developed a comprehensive training program to provide Facilitators with specialized information around organ and tissue donation to incorporate into their support of families in end-of-life situations. To date, approximately 80 staff in the neurosurgical/trauma hospitals have expressed interest in participating in DOF training, which is being introduced in 2004 – 2005.

### PROVINCIAL RESOURCE CENTRE

The creation of a province-wide network for organ and tissue donation – one that realizes every potential donation and maximizes its outcome – will, over time, require an integrated provincial donation infrastructure. An important objective of this initiative, when fully operational, is to have every death in an Ontario hospital with donation potential referred to TGLN's Provincial Resource Centre (PRC) with a view to deciding whether he or she is a potential organ and/or tissue donor. The PRC was created in 2003 – 2004 and consists of a team of Clinical Services Coordinators and administrative support staff who play an important role in supporting and facilitating organ and tissue donation in Ontario. Our Clinical Services Coordinators work in close collaboration with IHDCs and other health professionals to provide on-site or telephone services to more than 50 hospitals in Central and Northern Ontario, and the Hamilton and Kingston areas.

The PRC is staffed 24-hours a day to respond immediately to inquiries. PRC staff receive and update recipient waiting lists; communicate urgent recipient listings to other organ donation organizations across Canada; and facilitate acceptance of organs from transplant programs outside Ontario. In 2003 – 2004, PRC staff managed 1,739 referral calls for potential organ and tissue donations within Ontario and organ offers from out-of-province. That number is expected to increase exponentially when the system of referring all deaths and imminent deaths is implemented.

### SAMPLE PROFESSIONAL EDUCATION MODULES

- *Introduction to/Overview of Organ and Tissue Donation*
- *The Referral Process: when to call TGLN*
- *Identification of Potential Donors*
- *Management of Potential Donors*
- *What Takes Place in the Operating Room*
- *Donor Family Follow-up*

*“Although this is a beautiful hospital, for a person anxiously waiting for an organ, the days go by very slowly... I would like to thank the many doctors, nurses, donors and their families... without all of you my family's and friends' prayers would not have been answered.”*

A TEENAGE RECIPIENT

### Organ Donor Management Funding

We wish to acknowledge the Ministry's contribution through its Organ Donor Management Funding. The process which occurs in a hospital with each organ donor is intense and costly, involving considerable specialized care of the donor and use of critical care facilities and operating rooms. To reimburse hospitals for these costs and thereby address a financial disincentive to hospitals expanding their organ and tissue donation activities, in late 2002 – 2003, the Ministry introduced a reimbursement program and, in 2003 – 2004, more than \$1 million was provided in reimbursement to hospitals for these activities.

### 1,302 PATIENTS AWAITED A KIDNEY DONATION IN 2003 – 2004

*Ontario patients wait an average of 1,452 days (4 years) for a deceased kidney donation, during which they have a reduced quality of life and require dialysis*

*Living kidney donations could alleviate significantly their pain and suffering*

### LIVING ORGAN DONATION PROGRAM

Living organ donation is an increasingly important source of organs for transplant. There were more living organ donors than deceased organ donors in Ontario in 2003 – 2004 and 2002 – 2003, a positive trend for those receiving a living organ donation from a relative or a close friend as waiting times for a transplant can be reduced to months (versus years for deceased donation) and contribute to better health after the transplant surgery.

Living kidney donations are the most common, and to date, most successful transplant procedures, although advances in transplant medicine are now making living liver and lung donations possible. Long-term survival rates for recipients of living kidney donations are typically higher than for recipients of organs from deceased donors. Living kidney donation can mean a shorter time on dialysis or a chance to avoid altogether the need for dialysis.

It is now fully accepted that a blood relationship is unnecessary for a successful donation and spouses and friends are now accepted as fully suitable donors. With the success of living donation, its future potential for assisting with the shortage of available organs both provides exciting opportunities and raises ethical questions as our community deals with such issues as altruistic donors.

With the recent appointment of a living donation coordinator, TGLN will facilitate a forum of clinical experts from Living Donor Programs across the province to develop a strategic direction for improvements in living donation, focusing on best practices, public and professional education and awareness. In addition, this group will focus on innovative approaches to expanding eligibility criteria for potential living donors. Such innovations include a paired exchange program - where a potential donor who is identified as being of an incompatible

blood type for his or her intended recipient, may be asked to consider the option of donating to an alternate recipient – and an anonymous donor program.

In 2003 – 2004, TGLN worked to address certain hospital financial barriers to living donation, and, on its advice and that of Ontario's

### 323 PATIENTS AWAITED A LIVER DONATION IN 2003 - 2004

- *Patients wait an average of 332 days*
- *Liver patients do not have an option to support or extend the life of their liver*
- *Approximately 60 patients die each year waiting for a liver transplant*
- *Living liver donation can save lives*

living-donor transplant programs, the Ministry of Health and Long-Term Care announced funding to defray the costs of the expensive, long, stringent and complex process for determining the medical suitability of living donors and of the transplant operations themselves.

The option of living organ donation is also constrained by personal financial disincentives for potential living donors such as the costs associated with travel to Ontario's living-donor programs; lost wages; and child care expenses. In the coming year and beyond, we will intensify our efforts to bring about more living donations by working closely with the living-donor transplant programs and the Ministry to institute a program to eliminate these financial constraints on potential living donors.

### TISSUE DONATION PROGRAM

Tissue is commonly considered to include cornea (ocular tissue), bone (musculoskeletal tissue), heart valve (cardiovascular tissue) and skin. Unlike organs, tissue, when donated, must be processed and stored at 'tissue banks' which distribute the processed tissue for use in transplantation.

The opportunity to make a difference in the quality of lives of Ontarians through tissue donation is significant because all deceased persons are potential donors. This is unlike organ donation where only those who are brain dead can be potential donors. An estimated 75% to 80% of people who die in hospitals are medically suitable for donating tissue. As tissue donation becomes an integral part of end-of-life care and more frequent, it will become more commonplace.

In 2003 – 2004, in consultation with a Tissue Working Group established by us in 2002 – 2003, we began to develop a foundation for future direction around tissue donation. A Tissue Discussion Paper provided for the first time a clear picture of how tissue donation works in Ontario – its complexity, duplication, fragmentation and limited resources. Also, an analysis of tissue supply and demand and an inventory of tissue activity in the province were completed in 2003 – 2004, along with the development of a system for collecting tissue donation information. All of this has made it clear that tissue banking and distribution in Ontario requires considerable restructuring.

### Tissue Education

Tissue donation was incorporated into TGLN's professional education curriculum and materials and the awareness initiatives in hospitals. Three Tissue Workshops conducted by TGLN staff drew an attendance of some 200 health care professionals. The workshop content has become a model for other similar workshops now being planned. Training was provided also to Provincial Resource Centre Coordinators to enhance their skills in managing tissue donation referral and the coordination of tissue recovery. Referrals of potential tissue donors increased by 20% over 2002 – 2003.

*Bone and connective tissue  
restore mobility*

*Eye tissue restores sight*

*Heart valves repair cardiac function*

*Skin saves burn victims*

*Approximately 40,000<sup>1</sup> people die in  
hospitals in Ontario every year*

*Approximately 75% - 80% have the  
potential for donating tissue*

*Approximately 1% have the potential  
for donating organs*

<sup>1</sup> MOHLTC 2002 - 2003 data

## TISSUE BANKS

- *Eye Bank of Canada (Ontario Division), University of Toronto*
- *HSC Tissue Laboratory, The Hospital for Sick Children*
- *Ontario Firefighter's Skin Bank, Sunnybrook & Women's College Health Science Centre*
- *Douglas II Lab Bone Bank, Kingston General Hospital*
- *National Capital Region Bone Bank, Ottawa Hospital*
- *Rubinoff Bone & Tissue Bank, Mt. Sinai Hospital*

## SURGICAL BONE BANKS

- *Bone Bank Hamilton Regional Lab, Hamilton Health Sciences, McMaster University*
- *The Hamilton Arthroplasty Bone Bank Hamilton Health Sciences, Henderson Site*
- *LHSC Surgical Bone Bank, Laboratory Medicine London Health Sciences Centre*
- *Bone Bank, Peterborough Regional Hospital*
- *Bone Bank, Queensway-Carleton Hospital*
- *Bone Bank, Quinte Health Centre, Belleville General Site*
- *Bone Bank, Orthopaedic Surgery, St. Michael's Hospital*
- *Blood & Tissue Bank, Sunnybrook & Women's College Health Science Centre*
- *Bone Bank, Thunder Bay Health Sciences Centre*
- *Bone Bank, Toronto East General Hospital*

## Tissue Banks

There are more than 20 tissue-banking facilities in Ontario. They are independent organizations located at and administered through Ontario hospital institutions (with the exception of the Eye Bank which forms part of the Ophthalmology Department at the University of Toronto, School of Medicine). Their responsibilities include the screening and testing, processing, storage and distribution of tissue.

In 2004 – 2005, with our partners, we plan to undertake a Provincial Tissue Procurement Review to establish an accurate, baseline understanding of the current procurement system for both organ and tissue, identify the issues that require consideration and resolution and the appropriate strategies and forums for addressing them. Subsequently, and in consultation with the tissue banking community and the Ministry, we will continue to work towards a provincial tissue model that is more comprehensive and less duplicative.

## CLINICAL FRAMEWORK

2003 – 2004 saw the creation of a Policy Development and Approvals Framework to provide us with an operational map for implementing best practices and province-wide consistency. The Framework delineates within TGLN the roles, accountability and process for establishing and reviewing clinical policies and procedures, for consulting with stakeholders, and for communicating outcomes. Efforts to date have focused on the development of TGLN Standard Operating Procedures (SOPs) and Hospital Donation Protocol templates.

## Health Canada Directive and Guidance Document

Our staff fulfill a vital quality management function with a view to ensuring compliance with the Health Canada Directive of 2003, "Guidance Document: Basic Safety Requirements for Human Cells, Tissues and Organs for Transplantation". This Directive sets the quality and safety standards for organ and tissue donation, recovery, processing and distribution, and provides the framework for our clinical Standard Operating Procedures (SOP).

The introduction of the Directive had a significant impact on clinical operations as it reflected a higher level of regulation than in the past, including a clearer delineation of the accountability of Organ Donation Organizations (ODOs) for the safety of organs and tissue used in transplantation. As part of its quality management focus in 2003 – 2004, PRC staff developed standardized screening protocols for donors and individual organs and began to create a centralized archive of donor charts to facilitate province-wide quality audits and process evaluation.



### Standard Operating Procedures (SOPs)

As a part of our clinical framework, we began development of Standard Operating Procedures to establish provincial procedures on the full range of clinical activities involved in the organ and tissue donation process. SOPs reflect national standards, provincial legislation and clinical best practice guidelines relevant to the full range of our clinical activities. When finalized, SOPs will guide the practice of TGLN professional staff with clear articulation of responsibilities, interface with partners, and the function of our staff in the organ and tissue donation system in Ontario.

### Hospital Donation Protocol Development

Hospital Donation Protocols describe, from a hospital perspective, each step of the organ and tissue donation process and the related responsibilities of hospital staff. Their goal is effective identification of potential donors and routine inclusion of the option of donation in end-of-life care within the broader goal of maximizing donations of organs and tissue. To that end, in 2003 – 2004 we began to develop a Guide that would assist hospitals in creating or revising a Donation Protocol. Early in 2004 - 2005, we will distribute the Guide to hospitals and provide to them the support they may require in customizing the Protocols to meet their specific needs.

### Principles of Allocation and Waiting Lists Working Group

Once organs have been donated, their allocation among those on the transplant waiting lists is the next important step in the donation process. Allocation algorithms are used for this and determined for each type of organ. Working groups of experts for each organ type review and set the algorithms and waiting list criteria.

In 2003 – 2004, a Principles' Working Group was established to develop an over-arching set of principles to shape the work of the individual working groups. This work continues and is expected to be complete in 2004 – 2005.

### INFORMATION TECHNOLOGY AND THE IMPORTANCE OF RELEVANT DATA

The collection and analysis of relevant data is a critical management tool for TGLN. What is the potential number of organ and tissue donors in Ontario each year? How many of the potential donors actually become donors? Of those who do not donate, what was the reason for donation not occurring? It is only with answers to these and other questions that we can assess performance, adjust how things are done if performance is lacking, and create accountability.

The organ and tissue donation statistics necessary to provide these answers have not been adequate to date. In 2003 – 2004, we took action to correct this by beginning to collect the relevant data in a systematic and informed fashion and by continuing the process commenced in prior years to upgrade substantially our information systems.

*“If someone listens, or stretches out a hand, or whispers a kind word of encouragement, or attempts to understand, then extraordinary things happen... When we do the best we can, we never know what miracle is wrought in our life or in the life of another... It is her wish to continue giving beyond the grave. We are bound by her signature to respect it.”*

A DONOR BROTHER

### MAXIMIZING DONATIONS OF ORGANS AND TISSUE

*All patients who meet the criteria for a neurological determination of death (brain death) have the option – through their families – to become organ and tissue donors*

.....

*All patients who have died in hospital and are medically suitable have the opportunity to become tissue donors*

.....

*Measuring annual progress towards these goals means comparing the total number of patients who are medically suitable with the total number of organ and tissue donors*

.....

*The closer the number of actual donors to those who meet those criteria, the closer TGLN will have come to fulfilling its mission*

## TGLN PARTICIPATION IN ORGAN AND TISSUE DONATION FORUMS

*In the two years since the establishment of TGLN, our staff has gained increasing recognition in the health care and organ and tissue donation communities. This became even more apparent in 2003 – 2004. We took a proactive leadership role in responding to the risks of SARS and West Nile Virus to organ and tissue donation for transplantation, established working groups to develop processes around these new threats, and shared the information widely in the organ and tissue donation community. Indeed, Health Canada adopted the test processes we developed for West Nile Virus and distributed them across Canada.*

*Some of the national and international forums during the year at which TGLN staff were invited to participate are as follows:*

- *Canadian Council for Donation and Transplantation, Vancouver, April 2003*
- *Ontario Hospital Association, Hamilton, June 2003*
- *American Association of Tissue Banks, San Diego, California, September 2003*
- *Toronto Critical Care Symposium, October 2003*
- *Transplant Atlantic, Halifax, October 2003*
- *Health Canada Conference, Ottawa, February 2004*
- *Canadian Association of Transplantation (CAT) Conference, Mt. Tremblant, Quebec, February 2004:*
- *International Representative to the Donor Family Services Council of the Association of Organ Procurement Organizations, McLean, Virginia*

## Multi-purpose information management

TGLN information systems support all provincial donation and transplant-related health care personnel playing a vital role in the organ and tissue donation process and the management of our hospital and professional support services.

In the two years since the inception of TGLN, our information systems have evolved to include connection to additional hospitals; expanded waiting list data; algorithms for correct allocation; potential donor referrals; a credentials registry of physicians eligible to do organ recovery in the province; and profiles of other persons in hospitals involved in organ and tissue donation.

In 2003 – 2004, we moved our technological connection to hospitals to the Smart Systems for Health network. The SSH network allows faster, more secure and more cost-effective collection of, and access to, organ and tissue donation data from health care facilities in Ontario. It also streamlined management and maintenance of the TGLN network and reduced connectivity costs.

TGLN goals in information management are the highest degrees of accuracy, security and privacy protection coupled with technical failsafe mechanisms – and each year, the system is enhanced to provide faster, more secure access to more relevant data. A quantum leap in this regard will take place in 2004 – 2005 when we have to build the new clinical database of relevant organ and tissue donation performance information described above.

In the new fiscal year, other initiatives will also contribute to: creating a technological environment that supports operations that are critically information-sensitive; facilitating information sharing and decision-making -- an intranet portal will assist staff in undertaking their responsibilities with an on-line library and discussion group resources; and, there will be ongoing improvement of data quality and analysis.

## Ministry Support for a New System

Of particular importance to our information technology capabilities was the announcement in March 2004 that the Minister of Health and Long-Term Care had authorized \$965,000 to modernize our technology platform. This next generation information system, to be known as TOTAL, will capture the data, enable implementation of improved operational and business practices to increase donation, increase efficiency, reduce risk and enhance the safety of the organ and tissue donation system. The system will also, for the first time, include data on living donations and tissue donations. It is the culmination of a long period of planning and extensive consultations with stakeholders and is being built in 2004 – 2005 for readiness in April 2005.

## COMMUNITY SUPPORT

Achieving increased organ and tissue donation requires understanding by the general public of the option of donation and how it can take place. Our Community Support programs are targeted to that outcome by supporting and, where possible, enhancing the wide-ranging activities of volunteers and community organizations across the province.

We work in concert with our stakeholders – donor families, volunteers, grass-roots community organizations, non-profit associations, and supportive private sector organizations – to provide to them needed resources, share information about outreach opportunities, and keep them informed of our plans and initiatives. Our objective is to integrate, wherever possible, our respective activities for greater impact.

In our efforts to mobilize stakeholders to a common goal, we are particularly fortunate in having dedicated volunteers on our province-wide Donor Family Advisory Council and Provincial Volunteer Committee, both of which were established in 2003 – 2004.

### DONOR FAMILY SUPPORT AND AFTERCARE PROGRAM

In 2003 – 2004, in recognition that outreach and support for donor families are integral to the donation continuum, a provincially-coordinated Family Support & Aftercare Program for donor families was established following a comprehensive review of current support practices in Ontario and other jurisdictions.

#### Donor Family Advisory Council

The centre-piece of this initiative is the Donor Family Advisory Council, comprised of donor family representatives from across Ontario. The Council's Terms of Reference include providing "guidance in the formation and implementation of best practices to support donor families during and after the donation experience."

Members of the Council have been energetic in their commitment to the goal of ensuring that the donation experience of other families is made to be as positive as possible – an outcome that is intended to occur more routinely as a culture of organ and tissue donation becomes more commonplace in the health care system.

The Donor Family program will offer to donor families the option of continued support, the opportunity to communicate anonymously with the recipients of their gifts, and recognition for their courage and generosity. This relationship between TGLN staff and donor families will begin when consent is granted and continue for up to 18 months with personal support, the provision of information materials, donor recognition events and other support measures.

#### TGLN MANDATE

*"...ensure that patients and their families have appropriate information and opportunities to consider whether to consent to the donation of organs and tissue*

*...facilitate the provision of that information"*

*...maximize organ and tissue donation  
...in a respectful manner"*

#### DONOR FAMILY ADVISORY COUNCIL

*Susan Diotte, Arnprior  
Margaret Hajdinjak, Thunder Bay  
Carrie Hill, Vittoria  
Mark Kennedy, Nepean  
Michelle Kennedy-Smith, Nepean  
Nancy Lee & Dale Doige, Aurora  
Arelene McNaughton, Markdale  
Susan Morrison-Weir, Brights Grove  
Roger Presseault, Gloucester  
Jackie Riggs & George Guse, Wingham  
Linda Rumble (Chair), Whitby  
Board Liaison: Barbara Fox, Toronto*

### Guiding Principles for Companioning Donor Families

The Guiding Principles for Companioning Donor Families were endorsed in December 2003 by the Donor Family Advisory Council and reflect the Council's mandate to assist others facing a loss similar to their own. They describe what families should expect as they consider the option to donate, including: respect, sensitivity and understanding; confidentiality and protection of privacy; the information and explanations with which they should be provided to make an informed decision; and the importance of support from others, such as spiritual advisors, as desired by the family. It is planned that each family will be given a copy of the Guiding Principles at the time of consent.

### DESIRED OUTCOMES

*More Ontarians sign organ and tissue donor cards*

*More Ontarians tell their family of their willingness to donate organs and tissue should the circumstance occur*

*More families consent to donation*

*More organs and tissue are donated*

### VOLUNTEERS

#### Volunteer Network

Committed volunteers in Ontario communities are helping to increase public awareness of, and education about, organ and tissue donation. Many have been directly affected by donation: transplant recipients, donor families, living donors and individuals waiting for a transplant. Others are simply those who believe in the life-saving importance of organ and tissue donation.

These volunteers organize and support events across the province giving talks – often discussing their own experience in organ and tissue donation – to groups of all kinds: large corporations, business associations, community groups, non-profit organizations, universities, colleges and high schools and health care organizations. Countless Ontarians were reached in this way, including, for example, 147,000 people who attended 14 sporting events at which our message about organ and tissue donation was featured.

Our Provincial Volunteer Committee was established in 2003 – 2004 with members from across Ontario to help guide the development of an enhanced province-wide volunteer program. These volunteers are community leaders already active in promoting awareness of the importance of organ and tissue donation and they have helped mobilize other volunteers to the cause of organ and tissue donation.

#### TGLN Support

To assist volunteers, support community awareness activities and hospital awareness programs, we distributed large numbers of resource materials through a broad range of channels. Materials included pamphlets in 16 different languages, posters promoting the importance of organ and tissue donation and a Volunteer Resource Kit – a practical 'how to' resource full of guidance and support for volunteers.

### PROVINCIAL VOLUNTEER COMMITTEE

*Maria Bau-Coote, St. Catharines*  
*Carolyn Brunton, Grimsby*  
*Kim Cassar, Mississauga*  
*Paula Childs, Toronto*  
*Gary Cooper, Thunder Bay*  
*Hilda Gatchel, Oshawa (Provincial Chair)*  
*Carole Hayes, Barrie*  
*Lisa Huhn, Toronto (Regional Chair, Central and Northern Ontario)*  
*Pierrette Jolin, Brantford*  
*Elizabeth Mulchey, Toronto*  
*Denis Richardson, Smiths Falls*  
*(Regional Chair, Eastern Ontario)*  
*Jane Tucker, London (Regional Chair, Southwestern Ontario)*  
*Board Liaison: Robert (Bob) Nesbitt, Thorold*

Materials were distributed at events and made available through our website and at a numerous locations across the province, including doctors' offices, hospitals, OHIP offices, and through driver license renewals.

#### **Outlook for 2004 – 2005**

Our work with volunteers will evolve over the next year with the establishment of regional sub-committees of volunteers to focus on region-specific needs and expand the number of events at which organ and tissue donation information is communicated. We also will develop and roll-out volunteer training programs and additional resource materials to enhance the skills of our volunteers and assist in their work and effectiveness.

## **PUBLIC AWARENESS AND EDUCATION**

### **Public Opinion Research**

A new survey of Ontario attitudes towards organ and tissue donation was commissioned by TGLN in March 2004. The survey was designed to explore the donation intentions of Ontarians, their awareness of the donation process and information needs, and thereby guide the development of appropriate communications strategies. The full results of the public opinion survey are available at [www.giftoflife.on.ca](http://www.giftoflife.on.ca).

The survey showed that a strong majority of Ontarians (77%) are willing to donate their own organs for transplant purposes. 66% indicate they would be likely to consent to donating a family member's organs even if they were unsure of the family member's donation wishes. An overwhelming majority (94%) are either very likely (85%) or somewhat likely (9%) to donate a family member's organs when they are aware of the family member's desire to be a donor. 53% have signed a donor card and of those who have not, 45% indicate that they would be willing to do so.

The high levels of support are, however, coupled with misconceptions around the process of donation and may affect the decision and consent to donate. This is an issue that TGLN is addressing as part of its communications and educational initiatives.

### **[www.giftoflife.on.ca](http://www.giftoflife.on.ca)**

TGLN's website, [www.giftoflife.on.ca](http://www.giftoflife.on.ca), was re-launched in July 2003 with a new design and expanded content providing more detailed information around organ and tissue donation. A 22% increase in traffic was reported in the six months following the re-launch compared to the first six months of the 2003 calendar year.

## **MATERIALS REQUESTED OF TGLN 2003 - 2004**

*Approximately 700,000 pamphlets in  
16 languages*

.....

*Approximately 55,000 green ribbons*

.....

*More than 18,000 Gift of Life pins*

*“I never forget that while I am experiencing such joy, there is another family who came forward and offered to become a donor even in the midst of their grief and struggle with losing a loved one... to receive a heart is not just about getting an organ but about receiving the kindness and inheriting the hopes of the donor and the donor's family.”*

MOTHER OF A  
CHILD RECIPIENT

*“We applaud Trillium’s efforts together with the Toronto Automobile Dealers’ Association to get people to sign donor cards.”*

TORONTO SUN EDITORIAL  
April 19, 2004

### **Advertising, Publicity and Promotion**

Communicating to all Ontarians with a relatively small budget has meant leveraging the advertising, publicity and promotion efforts of many groups to generate partnerships and a larger volume of communications.

TGLN partners interested in increasing public understanding of organ and tissue donation included a broad spectrum of the Ontario community: non-profit associations, broader public sector organizations, the private sector and media organizations that generously donated space and time on television and radio, and in cinemas, transit and out-door media across

the province.

In 2003 – 2004, millions of Ontarians were exposed to, through paid and unpaid print and broadcast media, the message that they should discuss with their family the option of organ and tissue donation. In July and August 2003, a quarter-page ad appeared in all daily newspapers in Ontario; the total circulation of the papers is 2.4 million. An estimated 1.3 million Ontarians saw a 30-second commercial promoting the importance of talking to one’s family about donation during December 2003 and January 2004 in 21 cinema complexes in eight Ontario markets. As well, over the course of 2003 – 2004, our television and radio public service announcements aired more than 100 times in those media across the province and have continued to be played in 2004 – 2005.

The cumulative efforts of TGLN and its partners during 2003 – 2004 culminated in a successful National Organ and Tissue Donation Awareness Week, which occurred early in the 2004 – 2005 fiscal year. The cause of organ and tissue donation received public endorsement from the Premier and the Minister; broad-based and positive coverage at events and through extensive media exposure across the province.

## SUMMARY OF ORGAN AND TISSUE DONATION STATISTICS

### DECEASED ORGAN DONATION

The number of Deceased Organ Donors in Ontario in 2003 – 2004 was nearly unchanged year-over-year, 136 compared to 133 in 2002 – 2003.

DONORS BY HOSPITAL <i>April 1 to March 31</i>		
Hospitals	2003 – 2004	2002 – 2003
St. Michael's Hospital	11	18
Sunnybrook and Women's College Health Sciences Centre	11	10
Toronto Western Hospital	5	2
The Hospital for Sick Children	3	2
Trillium Health Centre	5	4
Hôpital régional de Sudbury Regional Hospital	9	7
Thunder Bay Regional Health Sciences Centre	3	2
The Ottawa Hospital	16	24
Kingston General Hospital	5	5
Children's Hospital of Eastern Ontario	4	0
London Health Sciences Centre	24	21
Hamilton Health Sciences Centre	11	16
Hotel-Dieu Grace Hospital, Windsor	4	4
<i>Sub-Total Neurosurgical/Trauma Hospitals</i>	<i>111</i>	<i>115</i>
<i>Deceased Donors from Community Hospitals</i>	<i>25</i>	<i>18</i>
<b>Total Deceased Donors</b>	<b>136</b>	<b>133</b>

### Deceased Donor Referrals

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

DECEASED DONOR REFERRALS				
	Neurosurgical/ Trauma Hospitals	Community Hospitals	Total Organ Referrals	Total Tissue Referrals
2003 – 2004	322	73	395	1,566
2002 – 2003	224	60	284	1,307
% referrals increase year-over-year	43.8%	21.7%	39.1%	19.8%

### Deceased Organ Donor Recovery

In 2003 – 2004, 504 organs were recovered from the 136 Deceased Organ Donors in Ontario – an average of 3.7 organs per donor; 90% (454) of these organs were able to be transplanted compared to 77% (401 of 516) in 2002 – 2003.

ORGANS RECOVERED FROM DECEASED DONORS										
	Actual Donors		Organs Recovered		Recovered per Donor		Organs Transplanted		Transplanted per Donor	
	02-03	03-04	02-03	03-04	02-03	03-04	02-03	03-04	02-03	03-04
Ontario	133	136	516	504	3.9	3.7	401	454	3.0	3.3

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

### Transplant Recipients

More individuals received transplanted organs in 2003 – 2004 than in the year before (485 compared to 478) suggesting that the organs that were available were used to maximum benefit.

PATIENTS WHO RECEIVED DECEASED DONOR TRANSPLANTS IN ONTARIO									
	Kidney	Kidney Pancreas	Pancreas	Liver	Small Bowel	Heart	Lung	Heart-Lung	TOTAL
2003 –					3				
2004	183	14	6	163		57	48	1	485
2002 –					0				
2003	184	23	5	146		59	59	2	478

### Waiting Lists

Patients are added to waiting lists by transplant programs. The waiting lists for organ transplants are as follows:

WAITING LISTS FOR ORGAN TRANSPLANTS @ March 31, 2004								
	Kidney	Kidney Pancreas	Pancreas	Liver	Heart	Lung	Heart-Lung	TOTAL
2003 – 2004	1302	44	10	323	47	55	4	1785
2002 – 2003	1393	39	1	324	43	30	4	1834



## LIVING ORGAN DONATION

LIVING ORGAN DONATIONS AND TRANSPLANTS			
	Living Kidney Transplants	Living Liver Transplants	TOTAL
2003 – 2004	162	31	193
2002 – 2003	175	29	204

### Living kidney donation

LIVING KIDNEY TRANSPLANTS AS A PERCENTAGE OF TOTAL KIDNEY TRANSPLANTS IN ONTARIO					
Total Kidney Transplants from Living & Deceased Donors		Total Kidney Transplants from Living Donors		% of Kidney Transplants from Living Donors	
2003 – 2004	2002 – 2003	2003 – 2004	2002 – 2003	2003 – 2004	2002 – 2003
<b>345<sup>2</sup></b>	359 <sup>3</sup>	<b>162</b>	175	<b>47.0%</b>	48.7%

### Living liver donation

LIVING LIVER TRANSPLANTS AS A PERCENTAGE OF TOTAL LIVER TRANSPLANTS IN ONTARIO					
Total Liver Transplants from Living & Deceased Donors		Total Liver Transplants from Living Donors		% of Liver Transplants from Living Donors	
2003 – 2004	2002 – 2003	2003 – 2004	2002 – 2003	2003 – 2004	2002 – 2003
<b>194<sup>4</sup></b>	175 <sup>5</sup>	<b>31</b>	29	<b>16.0%</b>	16.6%

<sup>2</sup> 162 living kidney transplants + 183 kidneys from deceased donors = 345

<sup>3</sup> 175 living kidney transplants + 184 kidneys from deceased donors = 359

<sup>4</sup> 31 living liver transplants + 163 liver transplants from deceased donors

<sup>5</sup> 29 living liver transplants + 146 liver transplants from deceased donors

PERFORMANCE OBJECTIVES<sup>6</sup>

HOSPITAL AND PROFESSIONAL SUPPORT		
	Performance Objectives	Comments/Plans of Action
<b>Hospital Program</b>	Community Hospital Donation Coordinators to be hired	Recruitment pending resource approval
	Organ and tissue donation programs operational in certain community hospitals	Pending resource approval
<b>Tissue Donation Program</b>	Recommendations from the Tissue Donation Working Group implemented	Working Group recommendations ongoing; environmental scan of tissue donation status in Ontario complete; Working Group to provide input to Procurement Review 2004/05; in collaboration with Tissue Banks, development will begin in 2004/05 on a comprehensive tissue program
	Tissue Coordinator to be hired	Recruited in June 2004
<b>Living Donation Program</b>	Recommendations from the Living Donation Working Group implemented	Living Donation Program Coordinator hired in May 2004; implementation in 2004/05
<b>Policy Framework</b>	Policies, procedures and protocols remain current and are complied with across the province at each designated facility	Development and consultations ongoing
	Development of quality management program including monitoring processes, indicators and measurement of outcomes in clinical services	Preliminary design underway with certain elements complete; implementation in 2004/05
	Scorecard approach to evaluating hospital organ and tissue donation program effectiveness to be developed	Scorecard developed; data to populate scorecard available upon completion of Health Record Reviews
	Internal process of accreditation developed to ensure TGLN readiness for accreditation by an external body	Ongoing
<b>Professional Education</b>	Education programs developed for health care professionals in hospitals remain current and are expanded	Achieved; ongoing
	Organ and tissue donation module designed for incorporation into the curriculum of health care professional education programs across the province (e.g., medical and nursing schools)	Planned 2004/05
	Tissue donation training program in certain community hospitals	Planned 2004/05

<sup>6</sup> 2003-2004 Business Plan

COMMUNITY SUPPORT		
	TGLN Performance Objective	Comments/Plans of Action
<b>Community Relations</b>	Provincial Volunteer Committee and Donor Family Advisory Council informing design, development and enhancement of TGLN programs/activities	Implemented; became operational September 2003
<b>Public Awareness and Education</b>	Increased public awareness and understanding of organ and tissue donation	Progress being made towards long-term objectives - increased understanding reflected in research results; additional focus on hospital sector and local communities in 2004/05
	Increased focus on Living Donation in communications activities	Planned 2004/05
	Communications program to support TGLN's increased involvement in tissue donation	Initiated; ongoing

INFORMATION MANAGEMENT		
	TGLN Performance Objective	Comments/Plans of Action
<b>TOTAL (Database) Project</b>	Complete phases II and III of new clinical database	Achieved; phase IV implementation per plan 2004/05
	Complete Privacy Impact Assessment	Yearly target achieved
<b>TGLN Systems</b>	Complete database enhancements	Yearly target achieved
	Move to Smart Systems for Health	Achieved
	Set up regional office infrastructure	Pending resource approval



Financial Statements

**Trillium Gift of Life Network**

March 31, 2004

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## AUDITORS' REPORT

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To the Members of  
**Trillium Gift of Life Network**

We have audited the statement of financial position of **Trillium Gift of Life Network** as at March 31, 2004 and the statements of operations, changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Network's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Network as at March 31, 2004 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Toronto, Canada,  
May 10, 2004.

*Ernst & Young s.r.l.*

Chartered Accountants

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Trillium Gift of Life Network

**STATEMENT OF FINANCIAL POSITION**

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As at March 31

	2004	2003
	\$	\$
<b>ASSETS</b>		
<b>Current</b>		
Cash	1,251,719	880,660
GST recoverable	192,443	124,443
Prepaid expenses	12,149	60,810
<b>Total current assets</b>	<b>1,456,311</b>	<b>1,065,913</b>
Capital assets, net <i>[note 3]</i>	238,575	287,810
	<b>1,694,886</b>	<b>1,353,723</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current</b>		
Accounts payable and accrued liabilities	1,428,838	1,035,990
Deferred capital contributions <i>[note 8]</i>	238,575	287,810
<b>Total liabilities</b>	<b>1,667,413</b>	<b>1,323,800</b>
Commitments <i>[note 6]</i>		
<b>Net assets</b>		
Unrestricted	4,987	4,140
Board restricted <i>[note 4]</i>	22,486	25,783
<b>Total net assets</b>	<b>27,473</b>	<b>29,923</b>
	<b>1,694,886</b>	<b>1,353,723</b>

See accompanying notes

On behalf of the Board:

  
Director

  
Director

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Trillium Gift of Life Network

## STATEMENT OF OPERATIONS

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Year ended March 31

	2004	2003
	\$	\$
<b>REVENUE</b>		
Ontario Ministry of Health and Long-Term Care <i>[note 7]</i>	7,955,837	6,853,614
Amortization of deferred capital contributions <i>[note 8]</i>	87,857	82,297
Donations <i>[note 4]</i>	15,373	25,783
Other income	847	4,140
	<b>8,059,914</b>	<b>6,965,834</b>
<b>EXPENSES</b>		
Salaries and employee benefits <i>[note 5]</i>	4,955,608	2,622,453
Communications	953,508	2,008,802
General and administrative	568,672	573,505
Information systems	586,597	492,430
Medical supplies and testing	508,352	300,785
Office rent and maintenance	291,370	297,870
Amortization of capital assets	87,857	82,297
One time start up	91,730	557,769
Community project grants <i>[note 4]</i>	18,670	—
	<b>8,062,364</b>	<b>6,935,911</b>
<b>Excess (deficiency) of revenue over expenses for the year</b>	<b>(2,450)</b>	<b>29,923</b>

*See accompanying notes*





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Trillium Gift of Life Network

**STATEMENT OF CHANGES IN FUND BALANCES**

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Year ended March 31

	<b>2004</b>		
	<b>Unrestricted</b>	<b>Board</b>	<b>Total</b>
	<b>\$</b>	<b>restricted</b>	<b>\$</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Net assets, beginning of year</b>	<b>4,140</b>	<b>25,783</b>	<b>29,923</b>
Deficiency of revenue over expenses for the year	(2,450)	—	(2,450)
Interfund transfer <i>[note 4]</i>	3,297	(3,297)	—
<b>Net assets, end of year</b>	<b>4,987</b>	<b>22,486</b>	<b>27,473</b>

	<b>2003</b>		
	<b>Unrestricted</b>	<b>Board</b>	<b>Total</b>
	<b>\$</b>	<b>restricted</b>	<b>\$</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
Net assets, beginning of year	—	—	—
Excess of revenue over expenses for the year	29,923	—	29,923
Interfund transfer <i>[note 4]</i>	(25,783)	25,783	—
<b>Net assets, end of year</b>	<b>4,140</b>	<b>25,783</b>	<b>29,923</b>

*See accompanying notes*



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Trillium Gift of Life Network

## STATEMENT OF CASH FLOWS

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Year ended March 31

	2004	2003
	\$	\$
<b>OPERATING ACTIVITIES</b>		
Excess (deficiency) of revenue over expenses for the year	(2,450)	29,923
Add (deduct) items not involving cash		
Amortization of capital assets	87,857	82,297
Amortization of deferred capital contributions	(87,857)	(82,297)
	(2,450)	29,923
Changes in non-cash working capital balances related to operations		
GST recoverable	(68,000)	(124,443)
Prepaid expenses	48,661	(60,810)
Accounts payable and accrued liabilities	392,848	1,035,990
<b>Cash provided by operating activities</b>	<b>371,059</b>	<b>880,660</b>
<b>INVESTING ACTIVITIES</b>		
Purchase of capital assets	(38,622)	(370,107)
Cash used in investing activities	(38,622)	(370,107)
<b>FINANCING ACTIVITIES</b>		
Contributions received for capital purposes	38,622	370,107
<b>Cash provided by financing activities</b>	<b>38,622</b>	<b>370,107</b>
<b>Net increase in cash during the year</b>	<b>371,059</b>	<b>880,660</b>
Cash, beginning of year	880,660	—
<b>Cash, end of year</b>	<b>1,251,719</b>	<b>880,660</b>

*See accompanying notes*



## NOTES TO FINANCIAL STATEMENTS

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March 31, 2004

### 1. ORGANIZATION

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

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

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

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

#### Revenue recognition

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

#### Capital assets

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

Furniture	5 years
Computer equipment	3 years
Leasehold improvements	5 years

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Trillium Gift of Life Network

## NOTES TO FINANCIAL STATEMENTS

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March 31, 2004

### Employee benefit plan

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

### Contributed materials and services

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

### Use of estimates

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

### 3. CAPITAL ASSETS

Capital assets consist of the following:

	2004		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Furniture	148,159	56,399	91,760
Computer equipment	87,527	45,625	41,902
Leasehold improvements	173,043	68,130	104,913
	<b>408,729</b>	<b>170,154</b>	<b>238,575</b>

	2003		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Furniture	138,612	27,722	110,890
Computer equipment	62,074	20,691	41,383
Leasehold improvements	169,421	33,884	135,537
	<b>370,107</b>	<b>82,297</b>	<b>287,810</b>



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Trillium Gift of Life Network

## NOTES TO FINANCIAL STATEMENTS

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March 31, 2004

### 4. INTERFUND TRANSFER

In fiscal 2004, the Board of Directors has approved the transfer of \$15,373 of donations received during the year from unrestricted net assets to Board restricted net assets to fund special projects. In addition, the Board has approved the funding of special projects during the year from the Board restricted net assets in the amount of \$18,670 for a net transfer from the Board restricted net assets of \$3,297.

In fiscal 2003, the Board of Directors approved the transfer of \$25,783 of donations received during the year from unrestricted net assets to Board restricted net assets to fund special projects.

### 5. EMPLOYEE BENEFIT PLAN

Substantially all of the employees of the Network are eligible to be members of the Hospitals of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit, final average earnings, contributory pension plan. HOOPP is accounted for as a defined contribution plan. The Network's contributions made to HOOPP during the year amounted to \$310,204 [2003 - \$128,366] and are included in salaries and employee benefits in the statement of operations. The most recent actuarial valuation of HOOPP as at December 31, 2002 indicates HOOPP is fully funded.

### 6. LEASE COMMITMENTS

Future minimum annual lease payments, excluding operating costs, for equipment are as follows:

	\$
2005	88,800
2006	43,100
2007	14,600
2008	13,600
2009	5,900
	<hr/> 166,000 <hr/>

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Trillium Gift of Life Network

## NOTES TO FINANCIAL STATEMENTS

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March 31, 2004

### 7. ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE

The operations of the Network are funded primarily by the Ontario Ministry of Health and Long-Term Care [the "Ministry"]. These financial statements reflect agreed-upon funding arrangements approved by the Ministry with respect to the year ended March 31, 2004. The total funding for each fiscal year is not finalized until the Ministry has reviewed the financial statements for that particular year. The Network considers that the amounts recorded reflect all proper adjustments. Adjustments resulting from the Ministry's review, if any, will be reflected in the statement of operations in the following year.

### 8. DEFERRED CAPITAL CONTRIBUTIONS

The change in deferred capital contributions during the year is as follows:

	2004
	\$
Balance, beginning of year	287,810
Add contributions restricted for future capital expenditures	38,622
Less amortization of deferred capital contributions	(87,857)
<b>Balance, end of year</b>	<b>238,575</b>



## APPENDIX A

BOARD OF DIRECTORS @ March 31, 2004		
	Appointed	Term Expires
Brian Flood, <i>Chair</i> Toronto	March 5, 2001	September 3, 2004
Sue Wilson, <i>Vice-Chair</i> Kingston	March 5, 2001	September 3, 2004
Frank Bagatto, <i>Chair, Finance &amp; Audit Committee</i> Windsor	March 5, 2001	September 3, 2004
Dr. Andrew Baker, <i>Chair, Clinical Advisory Committee</i> Toronto	March 5, 2001	September 3, 2004
Bryan Bowers Kingston	March 5, 2001	March 4, 2004
Andrea Brunette Ottawa	March 5, 2001	March 4, 2004
Dean Connor, <i>Chair, Governance, Policy and Planning Committee</i> Toronto	March 5, 2001	September 3, 2004
Barbara Fox, <i>Liaison, Donor Family Advisory Council</i> Toronto	March 5, 2001	September 3, 2004
Dr. David Grant Toronto	March 5, 2001	September 3, 2004
Bob Nesbitt, <i>Liaison, Provincial Volunteer Committee</i> Thorold	March 5, 2001	September 3, 2004
Dr. William Wall London	March 5, 2001	September 3, 2004
Dr. Joe Pagliarello Ottawa	January 3, 2003	September 3, 2004

SALARY DISCLOSURE <i>Pursuant to the Public Sector Salary Disclosure Act, 1996</i>	
Darwin J. Kealey, <i>President and CEO:</i>	\$183,825.00
Nadine Saby, <i>Vice-President, Operations and Community Relations:</i>	\$141,953.60
Mark Vimr, <i>Vice-President, Hospital and Professional Services:</i>	\$126,479.85

## APPENDIX B

### TGLN MANAGEMENT GROUP

@ June 30, 2004

Darwin J. Kealey, *President and Chief Executive Officer (to June 22, 2004)*

Sue Wilson, *President and Chief Executive Officer (acting @ June 23, 2004)*

Dr. Cameron Guest, *Chief Medical Officer*

Nadine Saby, *Vice-President, Operations and Community Relations*

Mark Vimr, *Vice-President, Hospital and Professional Services*

Tracey Carr, *Senior Advisor, Policy, Planning and Evaluation*

Sarah K. Jones, *Director of Communications*

Greg Kalyta, *Director, Information Systems*

Fides Coloma, *Regional Director, Central and Northern Ontario Region*

Allison Kelly, *Executive Coordinator, Corporate and Public Affairs*

Deborah Lanktree, *Business Manager*

### In-Hospital Organ and Tissue Donation Coordinators

Nancy Hemrica, *RN, Hamilton Health Sciences Centre*

Yvonne St. Denis, *RN, MScN, Hôpital régional de Sudbury Regional Hospital*

Michael Garrels, *RN, BScN(c), The Hospital for Sick Children, Toronto*

Brian St. Louis, *RN, BScN(c), Hotel-Dieu Grace Hospital, Windsor*

Kelly Walker, *RN, BScN, Kingston General Hospital*

Cheryle Anne MacBelford, *RN, London Health Sciences Centre*

François Lemaire, *RN, BScN, The Ottawa Hospital*

Jill Moore, *RN, MScN(c), St. Michael's Hospital, Toronto*

Dinah Manicat, *RN, BScN, Sunnybrook & Women's College Health Sciences Centre, Toronto*

Sandra Petzel, *RN, Thunder Bay Regional Health Sciences Centre*

Sandi Gill, *RN, BScN(c), Trillium Health Centre, Mississauga*

Stephanie Adams, *RN, BScN, University Health Network, Toronto*

### Provincial Resource Centre Coordinators

Clare Payne, *RN, BScN(c), Clinical Services Manager*

Beverley Barrie, *RN, BScN(c), Clinical Services Coordinator*

Cailin Macleod, *RN, Clinical Services Coordinator*

Nancy Boljkovac, *RN, Clinical Services Coordinator*

Diana Hallett, *RN, BScN(c), Clinical Services Coordinator*

Kim Gromadzki, *RN, BScN, Clinical Services Coordinator*

Selina Crow, *RN, Clinical Services Coordinator*

Susan Lavery, *RN, BScN(c), Clinical Services Coordinator*

Victoria Leist, *RN, Clinical Services Coordinator*



## APPENDIX C

### ORGAN AND TISSUE DONATION COMMITTEES<sup>7</sup>

#### At Hospitals Implementing TGLN Hospital Program

@ June 4, 2004

##### Hamilton Health Sciences Centre

Ms. Patti Leonard, *Chair (acting)*  
Kelly Campbell – *Director, Peri-Op Services*  
Rev. Sue Carr – *Chaplain*  
Dr. Karen Choong – *Pediatric Intensivist*  
Dr. Nigel Colterjohn – *Orthopedic Surgeon*  
Laura Farrelly, RN – *Nurse Manager, Intensive Care Unit*  
Dr. Chris Fernandes – *Chief, Emergency Medicine*  
Brenda Flaherty – *Vice-President, General Site*  
Dr. Mike Greenspan – *Urologist*  
Dr. Draga Jichici – *Intensivist\**  
Dr. Ed Kachur – *Neurosurgeon*  
Dr. Peter Kraus – *Chief, Intensive Care Unit*  
Dr. Mike Marcaccio – *Chief of Surgery*  
Cathy McCann – *Social Worker, Intensive Care Unit*  
Dr. Dick McLean – *Chief of Anesthesia, Deputy Chief of Staff*  
Eileen Smith, RN – *Nurse Manager, Emergency*  
Dr. Darin Treleavan – *Transplant Nephrologist, St Josephs*  
Nancy Hemrica, RN – *TGLN, In-Hospital Donation Coordinator*

##### Hôpital régional de Sudbury Regional Hospital

Dr. Martin Shine – *Critical Care, Chair\**  
Dr. A. Adegbite – *Neurosurgery, St Joseph's Health Centre*  
Dr. M. Bonin – *Laboratory, St Joseph's Health Centre*  
Melanie Hutton – *Patient Care Advocate, Laurentian*  
Diane Kirkpatrick, RN – *Nurse Manager, St Joseph's Health Centre*  
Dr. A. Knight – *Oncology, Laurentian*  
Kerri Kostiw, RN – *Nurse Manager, Intensive Care Unit, St Joseph's Health Centre*  
Santina Marasco – *Religious and Spiritual Care, St Joseph's Health Centre*  
Dr. N. Mehta – *Nephrology, Laurentian*  
Dr. L. Piccinin – *Emergency, St Joseph's Health Centre*  
Debbie Regan, RN – *Manager OR, St Joseph's Health Centre*  
Sr. Catherine Singbush – *St Joseph's Health Centre*  
Sarah Sullivan, RN – *Nurse Rep-Medicine, Laurentian*  
Dr. L. Thorsteinson – *Emergency, St Joseph's Health Centre*  
Kim Warren, RN – *Manager, Emergency, St Joseph's Health Centre*  
Yvonne St. Denis, RN – *TGLN, In-Hospital Donation Coordinator*

##### Ex-officio:

Dr. A. Garg – *Cardiovascular, Memorial*  
Grace St-Jean – *Program Director, Critical Care*

##### The Hospital for Sick Children, Toronto

Dr. Brian Kavanaugh – *Critical Care Unit, Chair*  
Dr. Brenda Banwell  
Dr. Peter Dirks – *Neurosurgery*  
Paul Gregoroff – *Social Worker, Critical Care Unit*  
Dr. Diane Hebert – *Medical Director, Transplant*  
Dr. Jonathon Hellmann – *Neonatal Intensive Care Unit*  
Dr. Jamie Hutchison – *Critical Care Unit*  
Dr. Cengiz Karsli  
Dr. Wendy Lau – *Medical Director, Tissue Bank*  
Michael Marshall – *Chaplain*  
Dr. Andrew Mason – *Emergency*  
Maria Rugg, Nurse Practitioner – *Palliative Care*  
Trish Rutherford, RN – *OR*  
Kim Streitenberger – *Quality Assurance*  
Michael Garrels, RN – *TGLN, In-Hospital Donation Coordinator*

##### Hotel-Dieu Grace Hospital, Windsor

Dr. John Muscadere – *Critical Care Unit, Chair\**  
Maria Giannotti – *Director, Pastoral Services*  
Pat Best, RN – *Director, Critical Care*  
Ruth Jeager – *Director, Laboratories*  
Mae Mercer, RN – *Community Representative*  
Pat Somers – *VP, Clinical Programs, Chief Nursing Officer*  
Brian St. Louis, RN – *TGLN, In-Hospital Donation Coordinator*  
**Ad hoc:**  
Dr. Paul Bradford – *Medical Director, Trauma Services*  
Sue Elliott – *Clinical Care Educator*  
Eleanor Groh – *Director, Peri-Op Services*  
Dr. Yigang Luo – *Procurement, Surgical Representative*  
Shannon Tompkins – *Director, Public Affairs*

##### Kingston General Hospital

*(Committee under development with proposed membership as follows)*  
Mae Squires – *Director, Critical Care and Orthopedic Services, and*  
Dr. J. Drover- *Surgeon – Director, Intensive Care Unit, Co-Chairs*  
Dr. John Matthews – *Hematology*  
Dr. D. Pichora – *Surgeon*  
Dr. L. Shephard – *Bone Bank/Lab*  
Gail-Anne Harris, RN – *TGLN, In-Hospital Donation Coordinator*

##### London Health Sciences Centre

Dr. Michael Sharpe – *Critical Care Unit, Chair\**  
Candace Bolt – *Coordinator, OR Suites, Westminster/Victoria*  
Mary Beth Billick – *Coordinator, Intensive Care Unit, University*  
Susanna Golovchenka – *Coordinator, OR Suites, University*  
Mike Hryniw – *Social Worker, Intensive Care Unit, University*  
Dr. Tony Jevnikar – *Director, Transplant Nephrology, University*  
Judy Kojlak – *Coordinator/CCTC, Victoria*  
Kris Kristjansson – *Coordinator/Pediatric PCCU & Transport, Westminster*  
Dr. Patrick Luke – *Surgical Director, Renal Transplantation, University*  
Dr. Doug Quan – *Transplant Surgeon*  
Dr. Mackenzie Quantz – *Transplant Surgeon, Cardio/Thoracic*  
Dr. Frank Rutledge – *Director, Critical Care*  
Dr. Bill Wall – *Surgeon, Director, Multi-Organ Transplant Program*  
Corinne Weernick – *Transplant Donor Coordinator*  
Dr. Dobkowski Wojciech – *Site Chief, Anaesthesia, University*  
Cheryle Anne MacBelford, RN – *TGLN, In-Hospital Donation Coordinator*

##### Other:

Dr. David Lease  
Chris Polci  
Dr. Ram Nivas Singh

##### St. Michael's Hospital, Toronto

Dr. Andrew Baker – *Critical Care, Chair\**  
Martine Andrews, RN, NP – *Neurosurgery*  
Hilda Bell – *Palliative Care*  
Sonya Canzian, RN – *Clinical Leader Manager, Trauma-Neuro Intensive Care Unit*  
Hazel Markwell – *Clinical Ethics*  
Amy McCutcheon – *Program Director, Trauma & Neurosurgery*

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<sup>7</sup> \*Asterisks denote Members of TGLN Intensivists Working Group

# Trillium Gift of Life Network Annual Report 2003-2004

Continued from page 39

Fernanda Shamy, RN – *Living Donation Coordinator*  
Annie Thomas – *Social Worker*  
Peter Thompson – *Chaplain*  
Dr. Jeff Zaltzman – *Director, Renal Transplantation Program*  
Jill Moore, RN – *TGLN, In-Hospital Donation Coordinator*  
Elaine Selby, RN – *TGLN, On Call Team*

#### **Consulting Members:**

Dr. Alan Berger – *Surgeon, Ophthalmology*  
Dr. Fabrice Brunet – *Medical Director, Intensive Care Unit*  
Karen Gaunt – *Clinical Leader Manager, Emergency*  
Jane Merkley – *Director, Nursing Practice*  
Genny Micallef – *Clinical Leader Manager, OR*  
Kelly Roy – *Clinical Leader Manager, Medical/Surgery Intensive Care Unit*  
Valerie Zellermeier – *Program Director, Critical Care and Peri-Op*

#### **Sunnybrook & Women's College Health Sciences Centre, Toronto**

Dr. Cameron Guest – *Chief of the Department of Critical Care, Chair\**  
Dr. Jennifer Blake – *Chief, Obstetrics & Gynecology*  
Debra Carew – *Operations Director, Critical Care, Emergency, Trauma Programs*  
Dr. Peter Chu – *Trauma*  
Dr. Bill Dixon – *Head of Department of Ophthalmology*  
Dr. Michael Dunn – *Acting Chief, Department of Newborn & Developmental Pediatrics*  
Anne Marie Green – *Patient Care Manager*  
Dr. Philip Hebert – *Clinical Ethics*  
Valerie Kemp, RN – *Critical Care*  
Sharon Konyen – *Chaplain, Oncology & Palliative Care*  
Dr. Andrew McDonald – *Emergency Services*  
Lisa Merkley – *Ontario Professional Fire Fighters Skin Bank*  
Dr. Brian Murray – *Department of Neurology*  
Dr. Michael Schwartz – *Neurosurgery*  
Klara Siber – *Chaplain, Critical Care*  
Dina Manicat, TGLN, *In-Hospital Donation Coordinator*  
Cailin MacLeod, RN – *Critical Care, TGLN, On Call Team*

#### **The Ottawa Hospital**

Dr. Joe Pagliarello – *Intensivist\**, and Ms. Wendy Fortier, *Co-Chairs*  
Diane Craig – *Donor Family*  
Dr. David Creery – *Intensivist, Children's Hospital of Eastern Ontario\**  
Paula Doering – *Vice-President, Clinical Programs*  
Dr. John Dosseter – *Ethicist*  
Diane Dumont, RN – *Coordinator, Renal Transplant, Riverside*  
Ron Falk – *Chaplain, Spiritual Care Services*  
Dr. Haissam Haddad – *Director, Heart Failure Program*  
William Higginson  
Eleanor Holmgren – *Coordinator, Organ & Tissue Donation*  
Dr. Peter Jessamine – *Lab/Microbiology*  
Dr. Peter Johns – *Emergency*  
Dr. Paul Kim – *Medical Director, Bone Bank*  
Dr. Greg Knoll – *Nephrology*  
Dr. Howard Lesiuk – *Neurosurgery*  
Liz-Anne Gillham-Laporte  
Denise Lowe, RN – *Nurse Educator, OR*  
Doris Neurath – *Manager, Pathology/Laboratory Medicine*  
Dr. Gail Rock – *Chief, Division of Hematology and Transfusion Medicine*  
Kerry Smith, RN – *Corneal Retrieval Nurse*  
Christine Struthers – *Transplant Coordinator, Heart Institute*  
Hae Sung Yum – *Coordinator, Organ & Tissue Donation*  
François Lemaire, RN – *TGLN, In-Hospital Donation Coordinator*

#### **Thunder Bay Regional Health Sciences Centre**

Dr. Michael Scott – *Medical Director, Critical Care, Chair\**  
Deb Broll – *Social Worker*  
Carolyn Freitag – *Manager, Critical Care*  
Dr. Haq – *Neurosurgery*  
Kathy Harman, RN – *OR*  
Jim Hyder – *Pastoral Care*  
Deb Kelly, RN – *Critical Care*  
Lori Marshall – *Sr. Vice President, Patient Services*  
Dr. David Puskas – *Orthopedic Surgeon*  
Mike Sarcello, RN – *Emergency*  
Lynne Gray Sihvonen – *Professional Practice Leader (Ethics)*  
Sandra Petzel, RN – *TGLN, In-Hospital Donation Coordinator*

#### **Trillium Health Centre, Mississauga**

Dr. Larry Milosovic – *Medical Director, Intensive Care Unit, Chair\**  
Helene Borts – *Chaplain*  
Patti Cochrane – *Director of Medicine*  
Carol Douloff  
Connie Fleece – *Health Records*  
Jo Forbell – *Educator, Intensive Care Unit*  
Cindy Hawkswell – *Manager, Intensive Care Unit*  
Dr. J. Izukawa – *Chief of Neurosurgery*  
Pam Kister – *Ethicist*  
Donna Occhipinti – *Social Worker, Intensive Care Unit*  
Sandi Gill – *TGLN, In-Hospital Donation Coordinator*

#### **University Health Network, Toronto**

Dr. Neil Lazar – *Intensive Care Unit Site Director, Toronto General Hospital\**, and Ms. Mary Kay McCarthy – *Manager, Intensive Care Unit, Toronto Western Hospital, Co-Chairs*  
Susan Bell – *Director, OR, Toronto General Hospital*  
Dr. Wilfred Demajo – *Intensive Care Unit Site Director, Toronto Western Hospital*  
Marc Doucet – *Senior Chaplain, Toronto Western Hospital*  
Debra Davies – *Manager, Emergency, Toronto General Hospital*  
Maude Foss – *Manager, Intensive Care Unit, Toronto General Hospital*  
Maggie Ho – *Social Worker, Intensive Care Unit, Toronto Western Hospital*  
Sandy Gravely-Hurst, RN – *OR, Toronto Western Hospital*  
Jennifer Kohm – *Communications Specialist, Public Affairs*  
Maureen O'Dell – *Social Worker, Transplant, Toronto General Hospital*  
Rose Puopolo, RN – *OR, Toronto Western Hospital*  
Alexandra Radkewycz – *Project Manager, Public Affairs*  
Colleen Shelton, RN, CNS – *Multi-Organ Transplant Unit Toronto General Hospital*  
Shirley Strachan-Jackman, RN, ACNP – *Emergency, Toronto Western Hospital*  
Linda Wright – *Bioethics, Toronto General Hospital*  
Stephanie Adams, RN – *TGLN, In-Hospital Donation Coordinator*  
Karen Bennett, RN – *Intensive Care Unit, Toronto General Hospital, TGLN, On Call Team*  
Shelley Hynes, RN – *Clinical Educator, Neurosciences, TGLN, On Call Team*  
Hanora O'Connell, RN – *Intensive Care Unit, Toronto Western Hospital, TGLN, On Call Team*





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