

Why has TGLN asked healthcare professionals to avoid initiating the donation discussion with families?

Research indicates that experience and a person's comfort level in speaking to families about donation impacts both the family's experience and its choice to donate tissue. Under the *Trillium Gift of Life Network Act* regarding the discussion of donation, TGLN has the authority to specify the manner in which contact with the family is made. TGLN coordinators receive quarterly training in approaching families both by telephone and in person. As a result, the TGLN coordinators have higher positive consent outcomes than hospital staff when they approach families.

The ultimate responsibility for speaking with families belongs to TGLN. In situations where a healthcare provider indicates the family does not wish to donate, a TGLN coordinator may contact the family to ensure the family had the information needed to make an informed decision (e.g., a registered consent decision to donate by their loved one).

What if families ask about donation?

If a family asks about donation, tell family members that you are able to connect them with the donation specialists at TGLN to share more information with them.

How does TGLN determine if the person had a registered consent decision and how is this communicated to the family?

Only TGLN coordinators have access to the donation consent information in the OHIP database. When hospitals call TGLN and initial medical suitability is established, a call is made to access the registered information. If the consent to donate is registered, a TGLN coordinator provides the consent information to the donor's family members. Support is provided to the donor's family members to help them understand the decision their loved one has made to save and transform lives and what the donation process entails.

Providing clinical information to TGLN can take some time. How can I minimize the amount of time on the phone with TGLN?

TGLN has organized the order of the clinical history questions and has worksheets available to help hospital staff streamline the process. This enables TGLN to determine if the person is eligible for donation for transplant, or research and teaching.



Are families informed if organs or tissues have been recovered for transplant or research?

Yes. If any organs and/or tissue are recovered, the family receives a thank you letter. If for any reason a donation does not proceed after consent, the donor family is contacted by TGLN to let them know and to thank the family for its generosity in consenting to the donation. TGLN also explains that all possible measures were attempted to recover the organs and/or tissue and honour their gift.

In Coroner cases, who will obtain the Coroner's approval for the donation process?

The provincial Coroners from the Coroner's Office of Ontario strongly support organ and tissue donations. If a potential donation case has been deemed a Coroner's case, the Coroner must be contacted and give permission for donation to occur. TGLN will speak with the Coroner to confirm permission.



Trillium Gift of Life Network

Contact Trillium Gift of Life Network Provincial
Resource Centre, available 24/7

1-877-363-8456 (Toll Free) • 416-363-4438 (Toronto)

For more information for healthcare providers
regarding TGLN and organ and tissue donation
in Ontario visit: www.giftoflife.on.ca

To register your consent, visit:

beadonor.ca



Frequently Asked Questions
For Healthcare Professionals

Routine Notification for Designated Hospitals



CALL



SCREEN



CONNECT

We have been told that to meet legislation requirements we now need to call Trillium Gift of Life Network (TGLN) when our patients meet referral indicators for high risk of imminent death and within one hour of time of death. What is this about?

Your hospital is a designated facility under Part II.1 of the *Trillium Gift of Life Network Act*. This legislation requires that designated hospitals meet the referral provisions detailed under Part II.1 - Notice and Consent. This means calling and notifying TGLN when patients meet the referral indicators for *high risk of imminent death*, and within an hour of death for non-ventilated patients.

Notification to TGLN ensures eligibility for donation can be established and donation consent decisions can be accessed in the Ontario Health Insurance Plan (OHIP) database before families of medically eligible patients are approached by TGLN about the opportunity to donate.

What are the referral indicators for high risk of imminent death?

The following are the referral indicators for ALL **ventilated** patients who meet *any* of the following criteria:

G

Grave prognosis or GCS = 3

I

Injured brain or non-recoverable injury/illness

F

Family initiated discussion of donation or withdrawal of life sustaining therapy

T

Therapy limited, de-escalation of treatment, or withdrawal of life sustaining therapy discussion planned

The following are the referral indicators for ALL **non-ventilated** patients who are at high risk for imminent death and meet *any* of the following criteria:

- Therapy limited, de-escalation of treatment, or withdrawal of life sustaining therapy discussion planned
- Planned palliation or admission to palliative care units
- Within 1 hour of death
- When the topic of donation is raised by the family or healthcare team

Does providing information to TGLN breach any privacy laws?

No. The *Trillium Gift of Life Network Act*, section 8 (19), states that TGLN may directly or indirectly collect personal health information for purposes related to donation or transplantation. This law takes precedence over other privacy and health information laws. This includes collection of family contact information in addition to clinically relevant information required to make a determination of eligibility to donate.

Is it legal for TGLN to obtain consent over the phone?

Yes. Consistent with the *Trillium Gift of Life Network Act*, telephone consent requires two witnesses to confirm the patient substitute's identity and document consent for donation. The Provincial Resource Centre at TGLN always has a second TGLN staff member available to enable telephone consent.

How does donation impact a family's grief?

Studies have repeatedly shown that families were grateful to be given the opportunity to donate. Donation provides a family with something positive in an otherwise negative life situation. It is a way for a family to honour their loved one's dying wishes to be a donor when consent decisions are known. The opportunity to help others in need of lifesaving skin transplants for burns, tissue for sight, or mobility restoring transplants is often comforting for grieving families.

To ensure families are not disappointed, it is important to contact TGLN to establish medical eligibility prior to any discussions about donation.

"My husband gave the gift of sight to two people because a nurse provided Trillium Gift of Life Network with the needed information."

Eya Donald-Greenland,
proud donor family member.

How long does the notification process (Call-Screen-Connect) take?

An evaluation of the process by healthcare professionals in designated hospitals indicated that eligibility for donation was established quickly. If not medically eligible to donate, the routine notification call for a patient is two (2) to three (3) minutes long. If the patient has potential to donate organs or tissues, the initial call *may* take 8-10 minutes.

To **reduce the time** on the phone, TGLN has created worksheets to help healthcare professionals prepare the information needed to screen the patient for eligibility to donate.

How does the notification or Call-Screen-Connect process work?

When you have a time of death to report or a patient meets the referral indicators for *high risk of imminent death*, follow these steps:

1. Prepare the *Routine Notification Worksheet* then **CALL** TGLN and answer questions (**SCREEN**) to determine if the patient has the potential to donate organs or is a tissue exclusive donor. *If there is potential for organs, the TGLN coordinator will set up a plan with the healthcare team for continued evaluation and support.*
2. If the patient is determined to be a tissue exclusive donor and the family is at the hospital, TGLN will ask you to arrange for our coordinator to speak to the family (**CONNECT**). When you arrange the call between TGLN and the family, please use a private location with a phone, if available.
3. During the time it takes to discuss tissue donation with the family, TGLN will request the body and chart remain on the unit, if possible.
4. TGLN will ask for further clinical information (outlined on the *Next Steps Worksheet*) when the family consents, *or* if the family is unavailable at the time of your initial call to TGLN.
5. The healthcare professional will be asked by a TGLN coordinator to follow the steps provided to preserve tissue integrity, such as ensuring eyelids are closed.
6. Upon completion of the consent with the family, TGLN will fax a copy of the consent form to be placed in the patient's chart.

What happens if the family is not at the hospital?

If the family is not at the hospital, and preliminary eligibility has been established, TGLN will proceed with gathering clinical information and contact the family by phone. TGLN will fax a form that directs the hospital to contact TGLN before it releases the body to ensure the opportunity to donate is not lost.