



# Taking Ontario on the road to 'yes'

# YES



Ontario

Trillium Gift of Life Network

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## Mission

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

## Vision

To be a world-class organization 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.

## Message from David Caplan, Minister of Health and Long-Term Care

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Over the past year, Trillium Gift of Life Network and its health system partners have taken significant steps toward improving organ and tissue donation in Ontario. However, with a number of Ontarians still on the wait list for an organ transplant, there is always more work to be done. I would encourage all Ontarians to consider becoming an organ donor.



## Letter from the Chair and Chief Executive Officer

When Trillium Gift of Life Network (TGLN) began its work in 2002, organ and tissue donation was considered a ‘good’ thing to do, a show of kindness. In the past year TGLN has worked from many perspectives and with multiple audiences to take the next step, to make becoming an organ and tissue donor more than an act of charity, making it the ‘right’ thing to do. This shift is important from two vital perspectives.

- We must consider the cost and sustainability of our health care system – organ transplants deliver significant overall savings when healthier patients require fewer health care resources after their transplant.
- We owe it to our fellow Ontarians - every 72 hours in this province, we lose the life of someone waiting for vital organs. It does not have to be this way.

Our Operating Plan in 2008/09 therefore had three goals:

- Maximize organ and tissue donation in Ontario for transplantation.
- Deliver quality and efficient services in accordance with our mandate.
- Inspire and motivate Ontarians to register their wish to donate.

Over the past year we have worked on six objectives to make it easier for Ontarians to say “yes” – to make it easier for our health care partners to support organ and tissue donation in their facilities, to improve the process from referral to delivery of organs and tissue for transplant, as well as to inspire and motivate Ontarians to register their consent to give the gift of life.

Organ transplantation is a complex and dynamic system, so quality improvement and increased efficiency throughout the entire process requires constant, ongoing vigilance. We have continued our efforts to make TGLN a best-in-class organ and tissue agency, not only through efficient, high-quality work but also by maximizing every organ and tissue transplantation opportunity.

Our objectives were to:

- Achieve a revised target of 220 deceased organ donors and 705 eye donors with transplant potential.
- Streamline and enhance the quality of the organ donation process from referral to delivery of organs for transplantation.
- Support implementation of an effective affirmative organ and tissue donation registry in Ontario.
- In partnership with the Ministry of Health and Long-Term Care, advance implementation of the government’s new Organ Donation Strategy.
- Enhance the referral, consent and recovery processes for tissue donations in Ontario.
- Strengthen the quality of work life at Trillium Gift of Life Network.

All of these objectives have been met, in full or in part. Milestones that TGLN has passed on building the road to ‘Register Yes’ in 2008/09 include:

### Meeting targets for deceased organ donors by streamlining and enhancing the performance of the organ donation system.

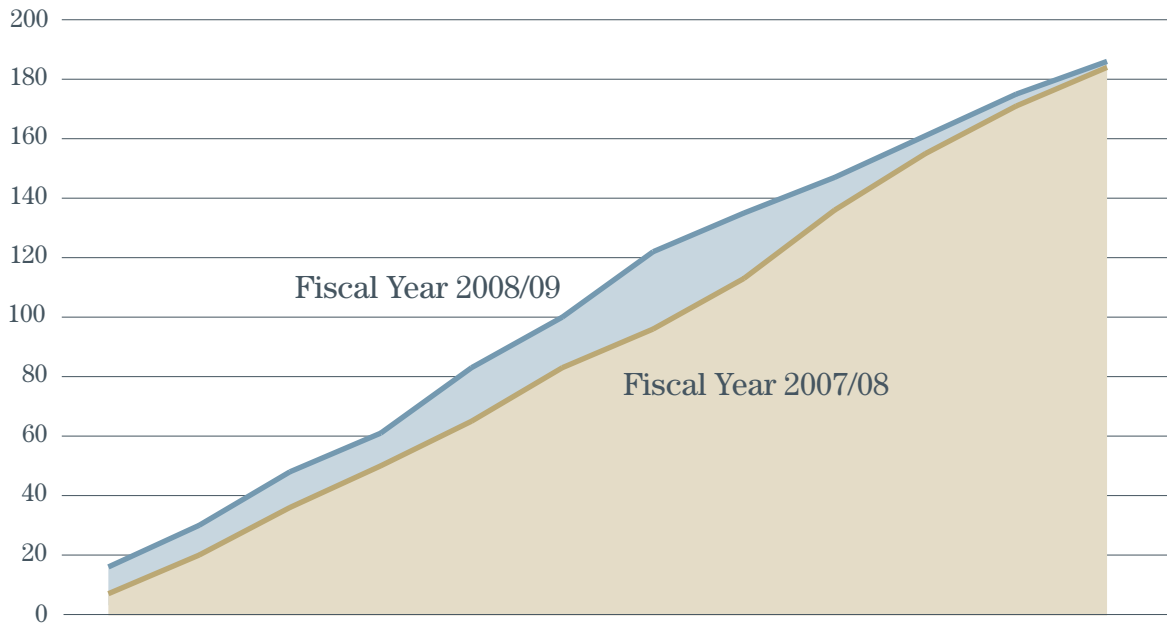
We began 2008/09 with a goal of 220 deceased organ donors. After four months experience, and conversation with our colleagues in other locales who were likewise experiencing an appreciable reduction in the number of organ donors, the Board of Directors realized that, try as it might, the target would not be met.

At its September 2008 meeting, the Board of Directors adopted a revised goal of 175 deceased organ donors and TGLN took further action to maximize every donation opportunity. We are pleased to report that despite the disappointing start, by the end of the fiscal year performance had rallied to reach 184 deceased donors.

While this was not the increase over the previous year’s performance of 186 deceased donors that we had hoped to see, we maintained our progress to date despite fewer eligible potential donors. See Table 1 – Organ Donation Performance Indicator Results (Tier 1 Hospitals) on page 24.

## All Deceased Donors

Based on “Donation, Transplantation and Waiting List Summary Report”



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Fiscal Year 2008/09	7	13	16	14	15	18	13	17	23	19	16	13
Fiscal Year 2007/08	16	14	18	13	22	17	22	13	12	14	14	11

As outlined later in this report, the following have all contributed to this result:

- Increases in the consent rates of our Organ and Tissue Donation Co-ordinators. This was achieved, in part, by integrating donation decisions recorded in the Ministry of Health and Long-Term Care’s Registered Persons Database with TGLN clinical practice in conversation with donor families
- Improvements to the donation performance of our Tier 1 hospitals through multi-level engagement with hospital stakeholders, and creation of hospital-specific plans designed to achieve a 100 per cent referral rate and a hospital conversion rate of 53 per cent
- Efforts to decrease coroners’ blocks
- Robust real-time reporting to aid decision-making and drive organ donation process improvements through changes in the health-record review and TOTAL database

### Meeting targets for eye donors with potential for transplantation while enhancing the referral, consent and recovery processes for tissue donations in Ontario.

One of our most gratifying achievements in 2008/09 has been achieving 1,097 tissue donors in 2008/09, compared to 899 the previous year. This represents a 22 per cent increase in tissue donations for transplantation, research and education. The number of eye donors for transplantation also increased by 71 to 718 from 647 in 2007/08, an 11 per cent improvement. The implementation of TGLN’s Tissue Consent Strategy, involving the transfer of the consent process from health care professionals in the community to TGLN Tissue Co-ordinators, the introduction of the Value-Positive Approach to tissue donations, the introduction of the TGLN eye-recovery program to service the Greater Toronto Area, and enhanced data reporting, have all contributed to help us increase overall tissue donation performance in the province this year.

## Implementation of the government's 2007 Organ Donation Strategy, in partnership with the Ministry of Health and Long-Term Care

Key Organ Donation Strategy (ODS) accomplishments by TGLN in 2008/09 included:

- Working with the Ministry of Health and Long-Term Care, TGLN began on April 1, 2008 to manage the administration of the Program for Reimbursing Expenses of Living Organ Donors (PRELOD). This program reimburses eligible reasonable out-of-pocket expenses for costs incurred by potential and actual living donors for travel, parking, meals, accommodation and loss of income.
- Sharing of the information in the OHIP Registered Persons Database with TGLN, to honour the donation wishes of Ontarians. A significant portion of 2008/09 was devoted to work with the Ministry of Health and Long-Term Care and ServiceOntario to effect changes necessary to enable the sharing of information in the OHIP Registered Persons Database with TGLN. With the implementation of the 24/7 look-up process on November 12, 2008, TGLN now has access to recorded donation decisions. While it is TGLN practice to approach all families of eligible patients regardless of the registered donation decision recorded, the ability to share registered donation decisions with families has proven very useful. The look-up process also provides a reminder to hospital staff to involve TGLN in the request process with families.
- The establishment of affirmative registration by the government on December 1, 2008, along with the ability of TGLN to access that information, was the most significant milestone along this year's path to encouraging more Ontarians to consent to organ and tissue donation. For the first time, we now have a single call to action for both healthcare professionals and the public: "Register Yes."
- Enhanced education and public awareness initiatives to inspire more Ontarians to "Register Yes" this year have included expansion of TGLN's outreach to faith communities to include specific materials on organ and tissue donation developed collaboratively with the Muslim faith and Aboriginal people, and TGLN's first Multi-Faith Prayer Breakfast attended by Greater Toronto Area faith leaders. With the support of these influential community leaders, we will continue to work across the province to dispel myths about faith prohibitions to becoming organ and tissue donors and encourage affirmative registration.

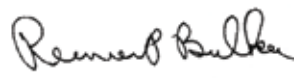
TGLN also implemented three other projects intended to positively shift public perceptions on organ and tissue donation.

- The *One Life... Many Gifts* secondary school curriculum resource was introduced in 220 high schools in 20 public and Catholic school boards across the province in the Fall of 2008, in partnership with the Multi-Organ Transplant Program at London Health Sciences Centre and the Kidney Foundation of Canada, to build a culture of donation among youth.
- An edgy and provocative "by youth, for youth" awareness ad campaign that builds upon the *One Life... Many Gifts* educational initiative was developed for launch during National Organ and Tissue Donation Awareness Week in April 2009. The campaign will, we hope, see youth take on organ and tissue donation as a cause that they can own. Our plan is that youth will transform Ontario's culture on this topic, as they have so successfully done in changing attitudes about smoking and protection of the environment.
- To support and broaden the youth effort, extensive research and planning also took place in 2008/09, to launch an advertising campaign aimed at encouraging the general public to "Register Yes" in 2009/10.

Alone, each of these advances is significant. Taken together, they are compelling proof of positive change to improve the odds for people waiting for organ and tissue transplants. We have taken the people of this province a significant way down the road to "Yes" – to embracing a purposeful and meaningful choice to save lives.

None of this could have been done without the help of the Ontario government, our partners in the health care system, the faith communities or, of course, our own employees at TGLN. We both extend our thanks for all the invaluable assistance given over the past year. We look forward to continuing our journey on the road to "yes" in the coming years.

Yours truly,



Rabbi Reuven Bulka  
Chair



Frank Markel  
President and CEO



## Our 2008/09 work at a glance

### Mission

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

### Goals

- Maximize organ & tissue donation for transplantation
- Deliver quality and efficient services
- Inspire and motivate Ontarians to register wish to donate

### Objectives

- Achieve 220 deceased organ donors & 705 eye donors for transplant
- Streamline & enhance quality of the organ donation process
- ● Enhance referral, consent & recovery processes for tissue donation
- Support implementation of an effective affirmative organ & tissue donor registry
- ● With MOHLTC, advance implementation of organ donation strategy
- ● Strengthen the quality of work life at TGLN

## Changing lives

In 1906, Austrian ophthalmologist Eduard Zirm met a young labourer who had been blinded in both eyes by corrosive lime. Soon after, another young man, also suffering from severe eye injuries, came to his clinic. Dr. Zirm could not save that man's eyesight but he did salvage his corneas, and used them in the world's first successful corneal transplant. The first young labourer's sight was restored in one eye and he was able to return to work.

Organ and tissue transplantation has made great strides since that day more than a hundred years ago. Here in Ontario, we witnessed the first deceased donor liver transplant (in 1963) and Canada's first heart-lung transplant (in 1983) at University Hospital, London Health Sciences Centre. The first successful single and double lung transplants were both performed at Toronto General Hospital (in 1983 and 1986, respectively). And just 14 years ago (in 1995) the first major multiple organ transplant (liver, bowel, stomach, pancreas and kidney) was performed. We now have the clinical expertise and the tools (both surgical and pharmaceutical) to conduct the most complex of tissue and organ transplantations in the most challenging of circumstances.

What we often lack is the ability to transform lives in this way, simply because there is no suitable organ or tissue available to transplant. Wait lists are long – there are almost 1,700 people waiting for life-saving or life-enhancing tissues or organs in Ontario.

As Ontario's organ and tissue donation agency, Trillium Gift of Life Network's (TGLN) mandate is to create transformational life-saving or life-enhancing opportunities for people needing organs or tissue. We do this by not only managing the organ and tissue donation, recovery and allocation system, but also by promoting a culture of donation in the province.

## Achieving our organ and eye donation targets

Although we saw a record number of organ donors in a single month last year (23 in December), the year was a challenging one overall. There were 184 deceased organ donors in 2008/09, compared to 186 in 2007/08, a one per cent drop. Part of this was due to a decline in potential eligible donation cases from 330 in 2007/08 to 312 in 2008/09 in Tier One hospitals (the larger centres where we obtain most of our donations).

### Donation After Cardiocirculatory Death

In 2006, Donation After Cardiac Death (DCD) was introduced in Ontario. DCD occurs only after prior and independent decision by the family in conjunction with the physician to withdraw life support. DCD offers families the option of donation in cases when the patient has no hope of survival or meaningful functional status and neurological criteria for death have not been met. DCD now accounts for 16 percent of deceased organ donations in Ontario. It is another way we are working to improve donation rates.



Despite reduced opportunities, we managed to increase consent rates (percentage of approached cases that consented to organ donation) to 66 per cent from 61 per cent, and to increase conversion rates (the percentage of potential organ donors that converted to actual organ donors) to 50 per cent. This speaks to the improved effectiveness of our clinical operations.

Tissue donation tells a more positive story. Our operating plan for 2008/09 set the goal of increasing the number of eye donors with transplant potential by 10 per cent to 705. We have exceeded that target: eye donors for transplantation increased by 11 per cent, to 718 this year from 647 last year. At the same time we grew the number of tissue donors to 1,097 from 899 last year – an increase of 22 per cent.

However, we documented 405 incidents when an opportunity to proceed with tissue donation was missed – a 35 per cent increase in this sort of incident compared to the previous year. We attribute this to a number of causes. First, we are using a better definition of ‘missed tissue donation opportunity’ so the term is applied more widely. Second, the Ontario Professional Firefighters’ Skin Bank at Sunnybrook Health Sciences Centre in Toronto ceased operations in August 2008, due to the departure of its recovery support team (we are discussing options to surmount this difficulty with the management team that remains). And third, we experienced a doubling of the number of incidents when the Office of the Chief Coroner has blocked donation. Our work plan for the year has addressed each of these issues.

## Streamlining and enhancing the organ donation process through collaboration

Successful collaboration with hospitals demands continuous dialogue. Over the past year, we have brought more people from within TGLN into contact with a wider range of hospital leaders, and have created more opportunities to improve organ donation processes. We have discussed hospital donation performance and improvements, successes as well as the specific challenges each hospital faces. We also advocated for a greater role for TGLN on each hospital’s donation committee in order to ensure that our perspective is heard.

Thanks to these discussions we were able, for example, to positively change practice in the Greater Toronto Area at a number of hospitals. At Trillium Health Centre we identified a senior leader champion who has initiated a regular reporting schedule. Sunnybrook Health Sciences Centre committed to always have a TGLN Co-ordinator present when requesting consent from families.

TGLN identified the need to move from generic hospital development work plans to hospital-specific work plans for each of our Tier One hospital partners – 21 in all. These plans now guide the work of our Organ and Tissue Donation Coordinators. The plans consist of strategies, timelines and accountabilities intended to realize four goals:

1. Ensuring hospital leadership see donation as a priority and integrate it with their end-of-life programs
2. Achieving a hospital referral rate of 100 per cent for organ donation
3. Obtaining a ‘conversion rate’ (from potential donor to actual donor) as identified by a hospital record review of 53 per cent
4. Maximizing each hospital’s potential for organ and tissue donation

In 2008/09 eleven hospitals also achieved TGLN’s benchmark 53 per cent conversation rate:

- Grand River Hospital
- Hamilton Health Sciences
- Hospital for Sick Children
- Hôtel-Dieu Grace Hospital
- Hôpital Régional de Sudbury Regional Hospital
- Kingston General Hospital
- London Health Sciences Centre
- Niagara Health System
- The Ottawa Hospital
- Royal Victoria Hospital
- Thunder Bay Regional Health Sciences Centre

Such continuous engagement has given us greater insight into our hospital partners and the ability to see further opportunities to increase organ and tissue donation. This past year we set ourselves the goal of engaging with hospital leaders in the Emergency Departments, and strengthening our relationships with them. Our Organ and Tissue Donation Coordinators Group met and developed plans tailored to each hospital. Our objectives are to provide real time support for all referrals from the Emergency Department, identify and cultivate physician champions and key opinion leaders within the department, build visibility for our Coordinators, educate new Emergency Department staff about hospital donation policy, best practices and clinical triggers for donation, and develop working relationships with Emergency Department educators.

### *Working with Respiratory Therapists*

In hospitals across Ontario respiratory therapists (RTs) support patients with brain injuries. At Toronto Western Hospital TGLN is working to help RTs identify which patients might be eligible donors, understand which clinical triggers are applicable and to know how to refer to our team.

Another important partner for us is the Office of the Chief Coroner. Although this Office has historically been supportive of organ and tissue donation, a coroner may block a donation of tissue or organs if it is necessary that a body remain whole for use as medical evidence. In 2007/08, we experienced an increase in the number of such blocks. While not large in the absolute numbers of missed opportunities, we felt it important to explore this issue. With the support of the Chief Coroner in 2008/09, we reviewed six cases and determined that in every instance at least one organ could have been donated. TGLN and the Office of the Chief Coroner then collaborated on ways to facilitate the work of coroners across the province and reduce the number of such lost donation opportunities. As a result, together we are working to develop and execute education programs about organ and tissue donation, targeted at coroners and forensic pathologists across Ontario.

Last year we also wanted to know whether there was opportunity to enhance efficiency along the path from the declaration and the consent process at the donor hospital to the transplantation of the organ. So we looked in-depth at 30 cases drawn from across the province to determine if there was potential to trim the times, and if benchmark times could be established for each step of the way. Our Clinical Operations Committee is now evaluating whether we should be collecting information for all cases and what the implications in terms of process and workload would be if we did so. The consensus view is that such information would be useful in helping us effectively manage the organ donation system.

TGLN staff also conducted case management conversations through 'bullet rounds.' Borrowing from the tradition of physician training in which the particulars of a medical problem or individual patient are presented and discussed, our bullet rounds consist of a half hour 'after-action' review of the previous day's activities conducted by teleconference. All clinical staff participate. Our focus is on the consent process and on organ yield.

## Gratitude

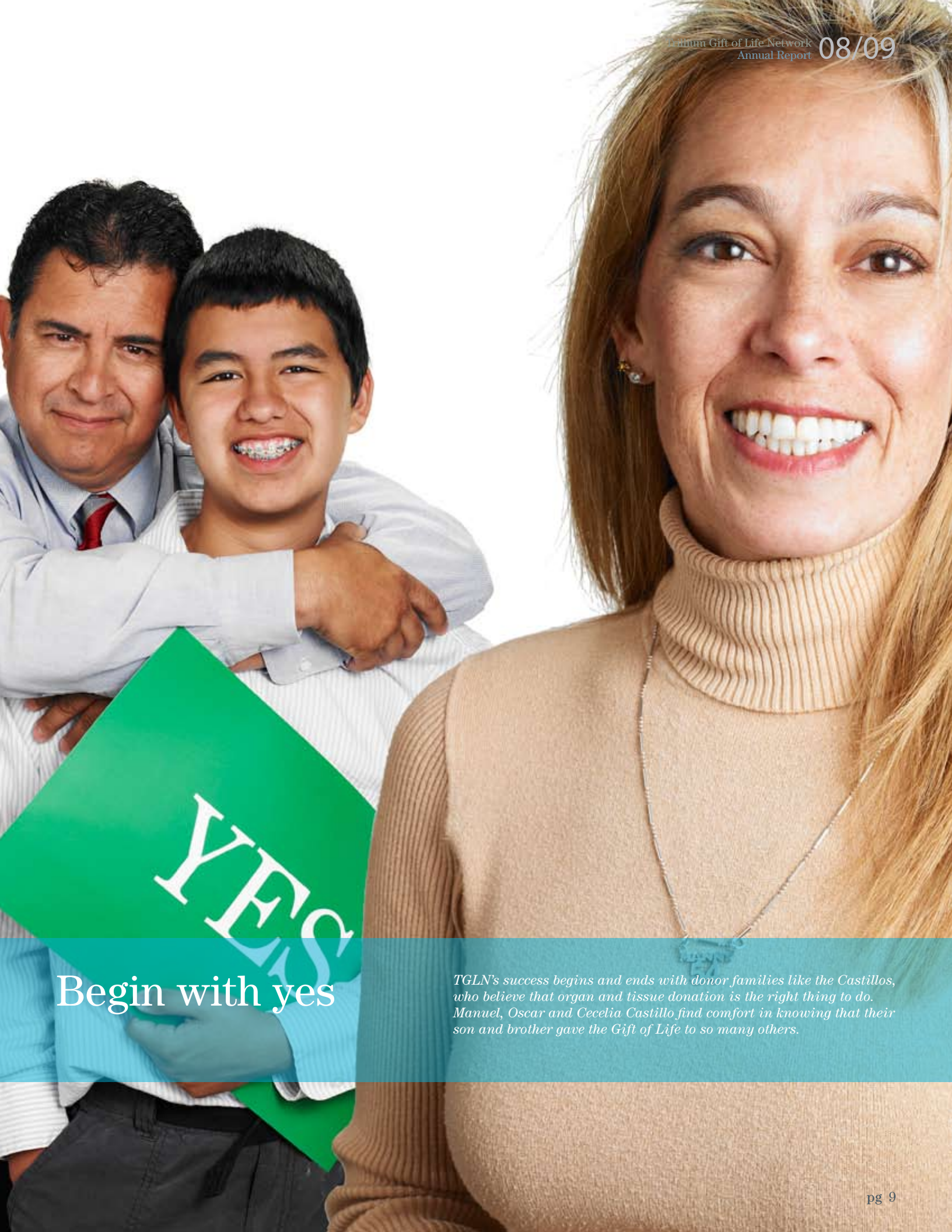
*"You don't create change, change creates you," goes the saying. For Bonnie Simonato, a teacher-librarian from Guelph, change came in the form of a fall on an icy playground. In a single moment she suffered a crushing bone injury that left a tennis ball-sized hole at the top of her tibia. After a failed surgery it looked as if she would never walk again. But, after learning of the innovative bone transplant program at Toronto's Mount Sinai Hospital, Bonnie joined the transplant wait list. The call came one day in church – a donor match had been found.*

*"I wasn't destined to live in a wheelchair," Bonnie says. Her certainty is what inspired her to write her first book during the 30 months she spent recovering. Since retiring, she has gone on to become a 'joyologist' and a motivational speaker, sharing her perspective with others – that we can find joy in our daily lives even in the face of adversity. Bonnie has what she calls an "attitude of gratitude," to her donor as well as the many health care professionals from TGLN, Mount Sinai and the home care providers who helped her recover her independence.*

### *Sharing data to enhance donations*

It is our practice to approach the families of all eligible donors regardless of what donation decision has been registered. We have found that being able to provide a hard copy of a consent decision to families can help them support a donor's decision. This past year we have worked with the Ministry and ServiceOntario to enable TGLN to have 24/7 access to donation decisions. This became effective on November 12, 2008. Such access is an essential complement to the affirmative registration process. Not only are families more willing to abide by proof of a registered donor's wishes, but we also expect affirmative registration will encourage more Ontarians to register their consent to become organ and tissue donors.





# Begin with yes

*TGLN's success begins and ends with donor families like the Castillos, who believe that organ and tissue donation is the right thing to do. Manuel, Oscar and Cecelia Castillo find comfort in knowing that their son and brother gave the Gift of Life to so many others.*

Our learnings included:

- Opportunities to improve the communication process with donor hospitals on when the Organ and Tissue Donation Coordinators will come on-site for initial assessment
- The need for on-site assessment to facilitate the treatment of infections in order to expedite recovery when there is family consent
- Consideration of using telephone consent when a potential organ donor's family is travelling from out of country and donor stability is of concern
- Strategies to reduce late referrals from hospitals and preserve the option of family discussion of donation when withdrawal of life support is already planned
- Identification of opportunities to use the on-call medical officers to provide expert advice on medical suitability of donor organs thus enhancing organ yield

Overall, TGLN sees bullet rounds as an effective tool to connect our senior management to front line staff to ensure better team-building, and to identify trends and share timely information. These conversations are enabling us to share best practices in case management and ensure healthcare professionals understand the value of the registered consent information. We have also learned that families often proactively raise the issue of donation, which may be an indicator of the success of our public education and outreach programs. We expect to continue to use bullet rounds in our daily work.

#### *Matching Kidneys – the Age Factor*

Kidneys from older donors do not survive as long as those from younger donors. In the case where a transplanted kidney fails in a younger recipient, that person would need to return to dialysis and wait for another kidney to become available.

TGLN developed a new kidney algorithm this year based on recommendations from The Canadian Council for Donation and Transplantation to better match donated kidneys to recipients based on age. This maximizes the life expectancy of donated kidneys and improves the quality of life for younger recipients. We also have implemented changes to the algorithm for livers and computerized algorithms in TOTAL, for isolated pancreas and small bowels.

## Enhancing the referral, consent and recovery processes for tissue donation

In the past it was common that, after a death, health care professionals (often the attending physician) would approach the family and broach the topic of tissue donation. In 2008 this began to change with the implementation of the Tissue Consent Strategy, a four-point effort that involves building increased public awareness, hospital engagement, improved consent processes and increased recovery capability.

By removing the burden of obtaining tissue consent from health care professionals and putting it in the hands of specially-trained Tissue Coordinators, through a phased rollout to nine Tier 1 hospitals in 2008/09, we have seen significant improvements. Our Tissue Coordinators apply the Value Positive Approach that has been so successful in obtaining organ consent when discussing tissue donation with family members. The telephone conversation is carefully structured, using language chosen to acknowledge the sensitivity of the situation as well as to encourage consideration of the meaningful nature of the act of donation.

The changed approach has proven highly successful. While health care professionals were able to obtain a consent rate of 17 per cent, TGLN Tissue Coordinators obtained a rate of 53 per cent. Feedback from health care professionals has also been positive; we have simplified their work by assigning the task of obtaining consent to specialized professionals. Currently we have Tissue Coordinators supporting nine hospitals in the province. We hope to expand to other Ontario hospitals in future.

In addition to making the changes to tissue donation consent, we initiated a Tissue Recovery Program specifically targeted at eye recoveries. Our objective was to provide reliable recovery capability in order to decrease the number of missed opportunities for eye recovery. TGLN is pleased to report that we have achieved 1,179 donations in 2008/09, due in part to this new strategy.

Currently TGLN's eye recovery team provides this service in hospitals and funeral homes and is limited to Central Ontario, but we are in the process of hiring more coordinators and expanding into Southwestern Ontario. We are also collaborating with our tissue bank partners, such as Sick Kids Tissue Laboratory and the Rubinoff Bone and Tissue Bank, to find ways to improve recovery rates of such tissues as bone and heart valves.



*No Missed Donors*

In 2008 TGLN gave Windsor's Hôtel-Dieu Grace Hospital an Award of Excellence for continued achievement in donation practices. The hospital's staff in the Intensive Care Unit, pictured on the next page, had established an 'end-of-life' working group and set themselves the goal of "no missed donors." In one short year they have changed the culture of end-of-life care, introduced donation after cardiac death and achieved a consent rate of 81 per cent (a five per cent increase) and a 29 per cent increase in the conversion rate (to 79 per cent). This team's efforts have changed lives.

## Support for Yes – affirmative organ and tissue donor registration

To prepare the way for an affirmative registration process, focus group research was conducted in June 2008 (eight groups in Toronto and Barrie with adults aged 25-39 and 40-60) to understand:

- Existing drivers and barriers to organ and tissue donation
- General attitudes and perceptions of the existing method of obtaining consent
- Perceived opportunities to improve the process of obtaining consent with a particular emphasis on understanding attitudes toward alternative registration mechanisms
- Explore language that might be included in future communications with the public with regard to consent to organ donation
- Identify what kind of communication platform and language would be beneficial in encouraging people to consider organ and tissue donor registration

TGLN collaborated with ServiceOntario (the first point of contact for Ontarians to register consent to donate) to develop best practices for consent registration based on these learnings. This included developing and implementing training modules and written scripts for ServiceOntario's customer service representatives to use when asking individuals, when they register for or renew their health cards, about their donation decisions. By simplifying the donation question on the new Gift of Life Consent Form, we also made the process of registering consent more user-friendly.

Internal preparation for enabling TGLN's 24-hours-a-day/seven-days-a-week (24/7) look-up of data included the development of a process for access to the database, creation of a data sharing agreement, completion of a privacy impact assessment, information system alterations to receive encrypted email and implementation of appropriate data security measures, as well as communication with hospital CEOs and healthcare professionals. On-site education for healthcare professionals on the new process also took place.

In order for such a significant policy change to be effective, it also needed to be communicated well. To ensure that registrants understood what would be done with 'no' and 'undecided' registration preferences that previously had been recorded, TGLN collaborated with the Ministry of Health and Long-Term in January 2009 on the month-long advertising campaign in daily newspapers across Ontario and a two-month online campaign to convey that previously recorded "no" and "undecided" donation decisions would no longer be made available to TGLN as of July 1, 2009.

Research we did in February 2008 showed that there was substantial confusion about how to register donation preferences – do you sign a paper donor card to carry in your wallet or purse, have a conversation with family members or register when renewing a health card? With the launch of affirmative registration and the 24/7 lookup, it became possible for the first time for TGLN to implement a single call to action: Register your decision to consent through the ServiceOntario Health Card Services OHIP office or outreach site.



Work with yes





*Ongoing dialogue with hospitals yields results that save lives. Windsor's Hôtel-Dieu Grace Hospital won this year's Award of Excellence. Pictured (from left to right, front to rear) are some members of the award-winning team: Dr Eli Malus, Anita Mihalic, Karin McKim, Norma Mamaril, Connie Sinasac, Phyllis Crawford, Sherry Morrell, Jen Hanson, Veronica Ene, Patricia Somers, Jeanette Durocher, Laura Di Pasquale, Deanna Gagnon, Sue Smith, Kerrie DelGreco, Jackie Parent, Virginia Walsh, Sue Elliott, Joyce Jardine, Colleen MacDonald.*





## Find innovative ways to say Yes

*Creative tissue bank partners like Linda Sharpen (front) Doris Neurath, Lisa Merkley, Sonny Lazaro and Angelo Fefekos helped TGLN boost tissue donations by 22 per cent this year.*

## Empathy

*For Tissue Coordinator Karen Rideout, the Value Positive Approach is about empathy, helping her to engage with families more effectively and surmount the challenge of reaching out via telephone when the request for a tissue donation is made. Each circumstance and family is unique and so Karen's approach needs to be tailored; the unique story of each person and their family needs to be explored through careful choice of language and connected with a meaningful transition to the donation discussion. The Value Positive Approach is built around the belief that most people, given the opportunity, would save a life. This approach enables many families to act on their support for donation during what for many is the most difficult time in their lives, through connection with their underlying values.*

*"Through this training I can establish a more personal relationship with the families, understand what's happening to them and support their decisions," says Karen.*

*The benefits of the Value Positive Approach go beyond the tangibility of increased donation numbers. Many TGLN staff have reported an increased satisfaction with their interactions with families. For Karen, value is also shown in the words that come back to her from families she has worked with – words of appreciation for the support they received during a very challenging time.*

## Getting to yes – implementing the Organ Donation Strategy

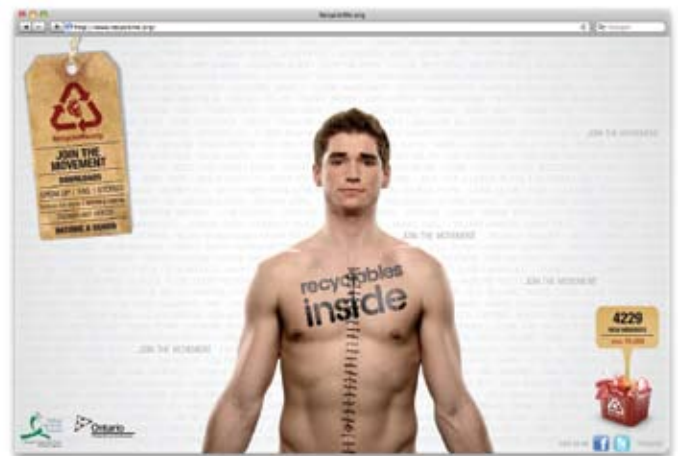
This past year saw TGLN collaborate closely with the Ministry of Health and Long-Term Care to advance the province's Organ Donation Strategy. Announced in 2007, the goal of the strategy is to educate the public and increase donations by raising awareness of the benefits of donation. We are particularly proud of our work to engage youth. We believe the opportunity to enact a sea change in attitudes

towards organ and tissue donation starts here and we have undertaken a number of initiatives to make this happen.

TGLN launched a pilot of a curriculum resource called *One Life... Many Gifts*, intended to help secondary school age students understand the importance of organ and tissue donation. We worked with the Multi-Organ Transplant Program at London Health Sciences Centre and the Kidney Foundation of Canada to create this program, which consists of a DVD and 11 program booklets covering seven subject areas. We have shared this resource with 13,500 high school students in 220 schools in 20 English and French, Catholic and Public school boards across the province. Initial evaluation has shown that the program has been extremely well received and TGLN plans to extend the program to an additional 26 school boards in 2009/10.

We also developed a communications campaign targeted at youth, aged 15 to 24. This is the culmination of six months of work, both creatively and with a youth advisory panel. After conducting focus groups with youth we felt it was essential to ensure that their input was continuous so we 'embedded' a small group of youth with our advertising agency, Bensimon Byrne, to advise on the development of a youth-specific advertising campaign. This 'by youth, for youth' approach has delivered results. Provocative and thought-provoking print, online, transit and social media communications have been created and thoroughly researched to encourage youth to consider the idea of championing organ and tissue donation, and to take the steps to do so.

The campaign is anchored by a dedicated website, RecycleMe.org. The campaign and website will be rolled out during National Organ and Tissue Donation Awareness week in 2009/10.



These campaigns are complemented by event-specific work we have undertaken. Capitalizing on high visibility events such as National Organ and Tissue Donation Awareness Week (NOTDAW), celebrated in 26 communities across the province (see box below) in April, 2008, the Canada Transplant Games (held in Windsor in August), and many local Living Green Ribbon events throughout the year, we have obtained significant media coverage on the urgent need for organ and tissue donation as well as the human face of this issue. During NOTDAW in April 2008 we even collaborated with our sister organizations in Western New York, the New York Alliance for Donation and Upstate New York Transplant Services, to light up Niagara Falls in an effort to promote awareness of organ and tissue donation.

### National Organ and Tissue Donation Week was celebrated in the following communities across the province in 2008:

Arnprior	Mississauga	Sarnia
Belleville	Niagara Falls	Sault Ste. Marie
Brampton	Oakville	Scarborough
Brantford	Orangeville	Sudbury
Etobicoke	Orleans	Thunder Bay
Hamilton	Oshawa	Toronto
Kingston	Ottawa	Vankleek Hill
London	Peterborough	Windsor
Milton	Renfrew	

#### *Walking for Organ and Tissue Donation*

During 2008/09 NOTDAW, Dan Lavin, a TGLN volunteer, walked from London to Toronto – a distance of about 200 kilometers. Dan was honouring his brother who died in an industrial accident and who had consented to donation. Dan's walk culminated in the Mass for Donors, held at St. Michael's Cathedral.

Awareness and motivation are significant drivers of change. Similarly, removing impediments to donation is important. One aspect of the Ontario Organ Donation Strategy does just this. The Program for Reimbursing Expenses of Living Organ Donors (PRELOD), implemented on April 1, 2008, reimburses potential and actual living donors for out-of-pocket expenses they may incur. TGLN is administering this program on behalf of the Ontario government. This involves communicating the program, receiving and processing applications for reimbursement, and issuing funds to approved persons. In 2008/09 254 applications were received, and 221 applications processed; 33 remained in progress or waiting further documentation at year end.

A total of \$214,881.79 was reimbursed. Applicants may contact TGLN about PRELOD using a 1-800 number and a dedicated email address.

Our religious traditions have a strong effect on our perceptions of organ and tissue donation. Because of this, TGLN has made great efforts to engage various religious authorities in dialogue about organ donation. Over the past year we worked with the Canadian Council of Imams, the Canadian Catholic Bioethics Institute, and the Nishnawbe Aski First Nation to develop brochures that speak to their constituencies. We also hosted a multi-faith prayer breakfast in February 2009 that brought together for the first time members of Toronto's faith communities, members of the provincial parliament, and city councillors, to express support for organ and tissue donation.

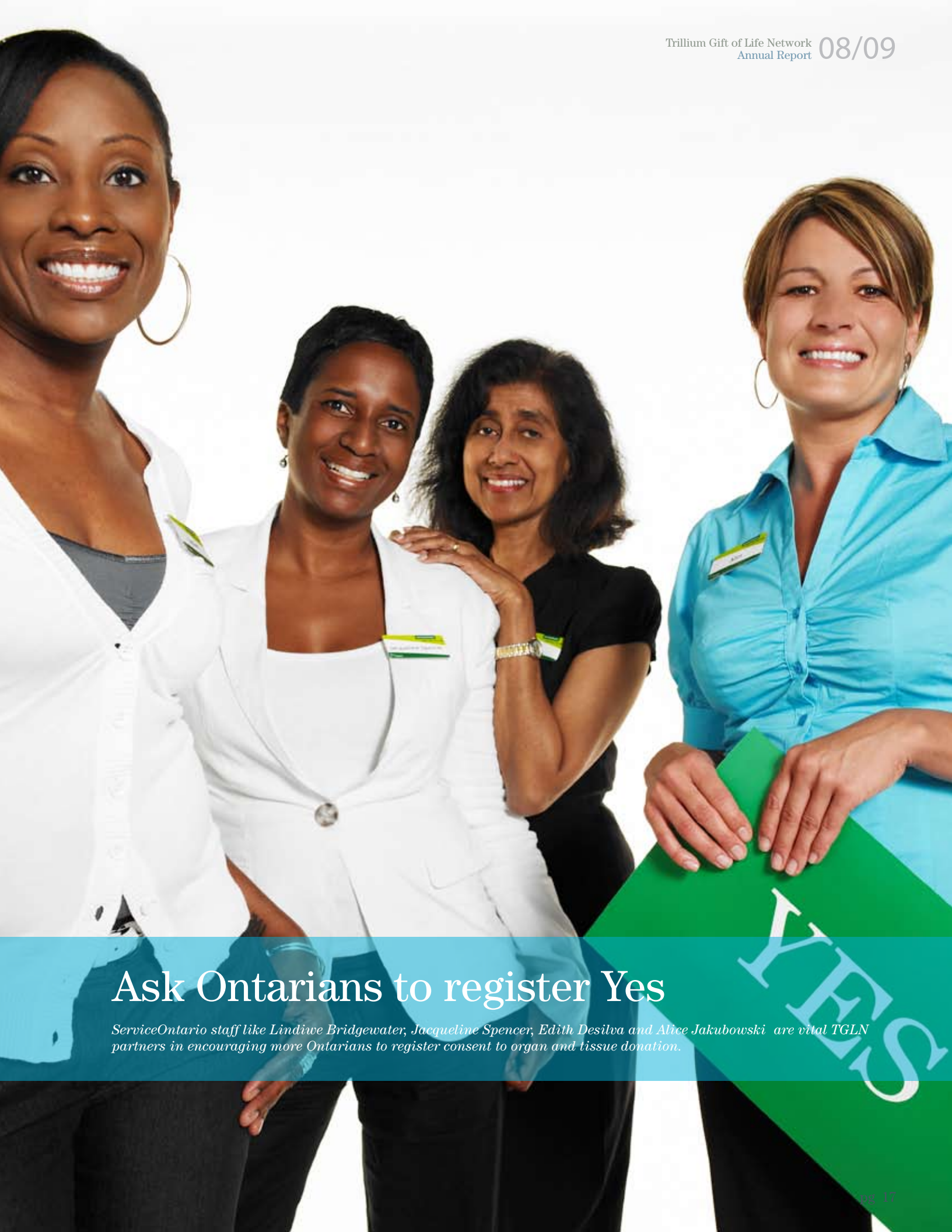
### Building Bridges to the Aboriginal Community

Nishnawbe Aski First Nation (NAN) represents the 49 Aboriginal communities in Ontario's North. TGLN partnered with NAN this year to develop and implement an Aboriginal Outreach project intended to raise awareness of organ donation and to build stronger connections between the two organizations. This has included collaboratively developing brochures to address the issues of organ and tissue donation specific to Aboriginal populations in English, Cree, Ojibway and Oji-Cree languages.

### Building on the strengths of our people

Our staff is the backbone of TGLN. However TGLN experienced high staff turnover in previous years, particularly in clinical front-line staff and key management positions. The turnover created challenges for the organization in effectively meeting its goals and priorities. This is why we developed and added to our human resources and staff education processes in 2008/09 in order to strengthen the quality of work life in our organization. We focused on measures to recruit and retain the most capable people, cultivate a culture of continuous learning, and enable staff to see first hand how their work benefits patients.





## Ask Ontarians to register Yes

*ServiceOntario staff like Lindiwe Bridgewater, Jacqueline Spencer, Edith Desilva and Alice Jakubowski are vital TGLN partners in encouraging more Ontarians to register consent to organ and tissue donation.*



## Join together to say Yes

*Faith leaders like Sister Bridget Nazareth, Rabbi Aaron Flanzraich, Deacon Michael Hayes and Imam Habeeb Alli stood together this year on a multi-faith initiative to reach out to Catholic, Jewish and Muslim communities to encourage organ and tissue donation.*



## Compassion

*“We ought to be caring,” says Imam Habeeb Alli, of the Canadian Council of Imams, describing the moral compass that Islam gives to believers. It is a sentiment shared by Rabbi Michal Shekel, of the Toronto Board of Rabbis, who works to remind the Jewish community “the living are important.” As leaders in their communities, they often interpret their faiths for a contemporary world that includes organ and tissue donation. Working on behalf of TGLN, both Alli and Shekel have been vocal champions of organ and tissue donation, getting the message out to their faith communities and giving context to the religious dimension of donation. This has involved creating brochures and organizing discussions of organ and tissue donation. While both concede there can be tension between tradition and modernity, they see the generous spirit of their traditions coming through in the wider acceptance of organ and tissue donation among Ontario’s Muslims and Jews.*

For example, while Organ and Tissue Donation Coordinators and Clinical Service Coordinators perform different functions, they share a common knowledge base. By providing the opportunity for Clinical Service Coordinators to cross-train on how to manage donation cases, developing their skills in value-positive requesting and providing rudimentary understanding of hospital development principles and stakeholder relations, we expect to broaden our resources for on-call support, and add to the capacity and flexibility of the organization.

Staff also connected with external stakeholders to better understand their worlds and the pressures they face. Many attended multi-organ transplant rounds at the University Health Network, met surgical specialists, and participated in education sessions such as the North American Transplant Coordinator Organization conference.

Beyond education and professional development opportunities, we continued to support our staff with a number of human resources initiatives. This included drafting a new code of conduct, updating of human resources policies in a number of areas, as well as creating some new positions to facilitate the ‘ladder’ of advancement and succession planning. This helps motivate people and will improve staff retention.

## Conclusion

Alone, each of these advances is significant. Taken together, they are compelling proof of positive change to improve the odds for people waiting for organ and tissue transplants. We have taken the people of this province a significant way down the road to ‘yes’ – to embracing the purposeful and meaningful choice to save lives.

Yet we do not intend to rest here. Hospitals unanimously agreed in 2008/09 to share their donation performance metrics with other Tier 1 hospitals. This will help hospitals understand their performance against others in the province and facilitate inquiry with their colleagues.

As we move into 2009/10, TGLN with its partner hospitals has already begun to further increase transparency and accountability. In 2009/10, hospitals have agreed to co-develop their hospital donation plans with TGLN and have sign-off by the hospital in order to ensure alignment and accountability to the plans. A working session is planned for the first quarter of 2009/10 to allow the Tier 1 Hospital Directors to meet together with TGLN to share their draft plans and to share strategies.

TGLN will work with more hospitals to ensure the option to donate tissue is offered to families. TGLN will be reviewing the donor potential and donor performance of hospitals across the province in order to ensure continued alignment of resources and activities with a view to supporting more hospitals to realize their donation potential.

And finally, we expect to implement our youth outreach advertising strategy in the Spring of 2009, beginning the process of changing the culture of organ and tissue donation in Ontario. We also expect to build on its success with a direct mail campaign targeted at the general public in the fall of 2009.

### *Seeing the difference we make*

TGLN staff, some of whom are pictured on the next page, now have the opportunity to observe transplant surgeries at Toronto General Hospital thanks to our Clinical Specialist, Victoria Leist, who obtained surgical privileges at the hospital for staff.



Say Yes to capable, creative  
and committed staff





*Supporting every initiative to increase organ and tissue donation is a team of dedicated TGLN staff. Representing their colleagues are: Renata Kleban (Management/Human Resources) Brian Kellow (Communications), Sue Duarte (Finance), Pam Nash (Administration), Susan Lavery (Provincial Resource Centre), Jerry Zhao (Information Systems), Jennifer Berry (Organ and Tissue Donation Co-ordinators), Lisa MacIsaac (Tissue co-ordinators), Barbara Hall (Executive Office), Anjeet Bhogal (Policy & Quality Assurance).*

## Our milestones 2008/09

### *One Life... Many Gifts*

*April 2008*

The One Life... Many Gifts campaign is launched in 220 high schools – a curriculum resource to help students better understand organ and tissue donation and its importance and to inspire a culture of donation among youth.

### Tissue Recovery Program

*May 2008*

TGLN initiates the Tissue Recovery Program for eye donations. Using dedicated Tissue Recovery Coordinators and collaborating with tissue banks, the program realizes success and increased recovery of eyes.

Apr '08

May '08

Jun '08

Jul '08

Aug '08

Sept '08

### PRELOD

*April 2008*

TGLN takes on responsibility for administering the Program for Reimbursing Expenses of Living Organ Donors (PRELOD) on behalf of the Ontario government. This reimburses potential and actual living donors for out of pocket expenses they may incur.

### Tissue Consent Strategy

*Summer 2008*

Responsibility for obtaining consent moves from health care professionals to TGLN's Tissue Coordinators. At the same time the Value Positive Approach for engaging with families of donors is initiated, supporting the donation decisions of families.

## Youth campaign

*April 2009*

TGLN collaborates with Ontario youth to create an edgy advertising campaign to prompt youth to consider the value of tissue and organ donation.

## Access to the OHIP Registered Persons Database

*November 2008*

TGLN gains round-the-clock access to OHIP Registered Persons Database, enabling Organ and Tissue Donation Coordinators to obtain and share the recorded donation decisions of a deceased person with his or her family.

Oct '08

Nov '08

Dec '08

Jan '09

Feb '09

Mar '09

Apr '09

## Affirmative registration

*December 2008*

Ontario introduces an affirmative registration process for donation decisions. Only 'yes' decisions are recorded, simplifying the call to action for Ontarians. TGLN expects this will lead to more people saying yes to donation.

*Appendix I – Table 1*

*Organ Donation Performance Indicator Results (Tier One Hospitals)*

<b>Performance Measure</b>	<i>2007-2008</i>	<i>2008-2009</i>
Probable Cases	382	380
Exclusions from Probable Cases*	52	55
Potential Eligible Cases	330	325
Donors	162	161
Referral Rate	94%	96%
Declaration Rate	75%	72%
Approach Rate	86%	83%
Consent Rate	61%	66%
Recovery Rate	87%	85%
Conversion Rate	49%	50%

\* Including cases not approached due to medical unsuitability or not having next of kin, cases found medically unsuitable post-consent and cases declined by Coroner.

**Definitions:**

**Potential organ donors:** Under TGLN’s measurement system, potential organ donors are called potential eligible cases and are made up of three categories:

1. cases with at least one documented declaration of brain death and free of exclusionary medical conditions;
2. cases with documented clinical findings consistent with but not declared as brain death, also free of exclusionary medical conditions; and
3. Realized DCD (Donation after Cardiac Death) cases.

**Organ donor:** is when at least one organ from a deceased donor is recovered and transplanted.

**Referral rate:** Percentage of probable cases referred to TGLN, where probable cases are potential eligible cases plus cases found medically unsuitable before or after consent is obtained.

**Declaration rate:** Percentage of probable cases declared brain dead.

**Approach rate:** percentage of probable cases (less those determined medically unsuitable or not brain dead before approach).

**Consent rate:** Percentage of approached cases consented for deceased organ donation.

**Recovery rate:** Percentage of consented cases from which at least one organ is recovered and transplanted.

**Conversion rate:** Percentage of potential organ donors converted into actual organ donors.

*Appendix I – Table 2*
*Organ Donors from Ontario and Out-of-Province, 2006/07 – 2008/09*

<b>Type of Donor</b>	<i>2008-2009</i>	<i>2007-2008</i>	<i>2006-2007</i>
Deceased Donors from Ontario	184	186	184
NDD Donors from Ontario	149	170	174
DCD Donors from Ontario	35	16	10
Living Donors from Ontario	280	262	269
<b>All Ontario Donors</b>	<b>464</b>	<b>448</b>	<b>453</b>
Deceased Donors from Other Canadian Provinces	64	50	61
Deceased Donors from the US	11	13	26
<b>All Out-of-Province Donors</b>	<b>75</b>	<b>63</b>	<b>87</b>

*Appendix I – Table 3*
*Deceased Organ Donors by Region and Hospital, 2006/07 – 2008/09*

Region	Hospital	<i>2008-2009</i>	<i>2007-2008</i>	<i>2006-2007</i>
Central/GTA	Hospital for Sick Children	10	10	4
Central/GTA	St. Michael's Hospital	5	15	13
Central/GTA	Sunnybrook and Women's College	9	18	18
Central/GTA	Trillium Health Centre	10	7	6
Central/GTA	University Health Network	10	9	13
Central/GTA	Central/GTA Community Hospitals	28	28	24
<b>Central/GTA Total</b>		<b>72</b>	<b>87</b>	<b>78</b>
East	Children's Hospital Of Eastern Ontario	1	2	1
East	Kingston General Hospital	7	3	8
East	The Ottawa Hospital	16	16	13
East	Eastern Community Hospitals	1	0	1
<b>East Total</b>		<b>25</b>	<b>21</b>	<b>23</b>
North	Sudbury Regional Hospital	4	3	5
North	Thunder Bay Regional Health Sciences Centre	4	3	5
North	Northern Community Hospitals	2	0	1
<b>North Total</b>		<b>10</b>	<b>6</b>	<b>11</b>
Southwest	Hamilton Health Sciences Centre	26	24	27
Southwest	Hôtel-Dieu Grace Hospital (Windsor)	9	9	6
Southwest	London Health Sciences Centre	28	25	28
Southwest	Southwestern Community Hospitals	14	14	11
<b>Southwest Total</b>		<b>77</b>	<b>72</b>	<b>72</b>
<b>Grand Total</b>		<b>184</b>	<b>186</b>	<b>184</b>

*Appendix I – Table 4*

*Number of Organs Recovered and Transplanted from Deceased Donors in Ontario<sup>1</sup>, 2006/07 – 2008/09*

Organ	2008/09			2007/08			2006/07		
	From NDD Donors	From DCD Donors	Total	From NDD Donors	From DCD Donors	Total	From NDD Donors	From DCD Donors	Total
Kidney	244	62	306	287	32	319	275	20	295
Liver	121	14	135	141	11	152	147	6	153
Lung	110	12	122	112	2	114	118	2	120
Heart	54	0	54	57	0	57	54	0	54
Pancreas	32	1	33	30	0	30	32	0	32
Small Bowel	1	0	1	2	0	2	4	0	4
<b>Total</b>	<b>562</b>	<b>89</b>	<b>651</b>	<b>629</b>	<b>45</b>	<b>674</b>	<b>630</b>	<b>28</b>	<b>658</b>

Note 1 – Only organs recovered from deceased Ontario donors and transplanted, in or outside of the province, were counted.

*Appendix I – Table 5*

*Organ Transplant Yield Per Deceased Donor in Ontario, 2006/07 – 2008/09*

Organ	2008/09		2007/08		2006/07	
	Number of Organs <sup>1</sup>	Organ Yield Per Donor	Number of Organs <sup>1</sup>	Organ Yield Per Donor	Number of Organs <sup>1</sup>	Organ Yield Per Donor
Kidney	306	1.66	319	1.72	309	1.68
Liver	135	0.73	152	0.82	151	0.82
Lung	122	0.66	114	0.61	120	0.65
Heart	54	0.29	57	0.31	51	0.28
Pancreas	33	0.18	30	0.16	30	0.16
Small Bowel	1	0.01	2	0.01	4	0.02
<b>Total</b>	<b>651</b>	<b>3.54</b>	<b>674</b>	<b>3.62</b>	<b>665</b>	<b>3.61</b>

Note 1 – Only organs recovered from deceased Ontario donors and transplanted, in or outside of the province, were counted.



*Appendix I – Table 6*

*Organ Transplants in Ontario, 2006/07 – 2008/09*

<i>Organ</i>	<i>2008/09</i>	<i>2007/08</i>	<i>2006/07</i>
Kidney from deceased donors	275	286	266
Kidney from living donors	226	211	213
Liver from deceased donors	152	157	160
Liver from living donors	54	51	57
Heart	66	64	71
Lung	91	85	91
Pancreas	12	8	6
Small Bowel	1	0	2
Kidney-Pancreas	24	21	25
Heart-Lung	3	1	4
Liver-Kidney	1	2	1
Liver-Heart	0	1	0
Liver-Bowel	2	3	3
<b>Total</b>	<b>907</b>	<b>890</b>	<b>899</b>

*Appendix I – Table 7*

*Living Kidney Transplants as a Percentage of All Kidney Transplants, 2006/07 – 2008/09*

	<i>2008/09</i>	<i>2007/08</i>	<i>2006/07</i>
Kidney Transplants from Living & Deceased Donors	501	497	478
Kidney Transplants from Living Donors	226	211	213
% of Kidney Transplants from Living Donors	45%	42%	45%

*Appendix I – Table 8*

*Living Liver Transplants as a Percentage of All Liver Transplants, 2006/07 – 2008/09*

	<i>2008/09</i>	<i>2007/08</i>	<i>2006/07</i>
Liver Transplants from Living & Deceased Donors	206	208	217
Liver Transplants from Living Donors	54	51	57
% of Liver Transplants from Living Donors	26%	25%	26%



*Appendix I – Table 9*

*Waiting Lists for Organ Transplant on March 31, 2009*

	<i>31-Mar-2009</i>	<i>31-Mar-2008</i>	<i>31-Mar-2007</i>
Kidney	1,185	1,144	1,161
Liver	306	358	407
Heart	48	43	42
Lung	64	55	52
Pancreas	22	23	33
Small Bowel	4	4	1
Kidney-Pancreas	37	44	47
Heart-Lung	1	3	4
<b>Total</b>	<b>1,667</b>	<b>1,674</b>	<b>1,747</b>

*Appendix I – Table 10*
*Deceased Organ Donation Funding*
*Tier 1 Hospitals*
*For the period of – April 01, 2008 – March 31, 2009*

<i>Hospital</i>	<i>Phase 1</i>		<i>Phase 2</i>		<i>Phase 3</i>		<i>Total Funding</i>
	<i># of Cases</i>	<i>Amount</i>	<i># of Cases</i>	<i>Amount</i>	<i># of Cases</i>	<i>Amount</i>	
<b>Tier 1 Hospitals</b>							
York Central Hospital	7	\$5,600	4	\$8,200	4	\$12,600	\$26,400
Royal Victoria Hospital	5	\$4,000	4	\$8,200	4	\$12,600	\$24,800
<b>Lakeridge Health Corporation</b>	<b>4</b>	<b>\$3,200</b>	<b>3</b>	<b>\$6,150</b>	<b>3</b>	<b>\$9,450</b>	<b>\$18,800</b>
<i>Lakeridge Health - Bowmanville</i>	1	\$800	1	\$2,050	0	\$0	\$2,850
<i>Lakeridge Health - Oshawa</i>	3	\$2,400	2	\$4,100	3	\$9,450	\$15,950
Kingston General Hospital	10	\$8,000	8	\$16,400	7	\$22,050	\$46,450
<b>The Ottawa Hospital</b>	<b>32</b>	<b>\$25,600</b>	<b>23</b>	<b>\$47,150</b>	<b>20</b>	<b>\$63,000</b>	<b>\$135,750</b>
<i>Ottawa Hospital Civic Campus</i>	1	\$800	2	\$4,100	3	\$9,450	\$14,350
<i>Ottawa General Campus</i>	26	\$20,800	20	\$41,000	16	\$50,400	\$112,200
<i>Children's Hospital of Eastern Ontario</i>	5	\$4,000	1	\$2,050	1	\$3,150	\$9,200
<b>Hamilton Health Sciences Centre</b>	<b>33</b>	<b>\$26,400</b>	<b>31</b>	<b>\$63,550</b>	<b>29</b>	<b>\$91,350</b>	<b>\$181,300</b>
<i>Hamilton General Hospital</i>	28	\$22,400	26	\$53,300	25	\$78,750	\$154,450
<i>Henderson Site</i>	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
<i>McMaster University Medical Centre</i>	3	\$2,400	3	\$6,150	2	\$6,300	\$14,850
<b>London Health Sciences Centre</b>	<b>29</b>	<b>\$23,200</b>	<b>29</b>	<b>\$59,450</b>	<b>29</b>	<b>\$91,350</b>	<b>\$174,000</b>
<i>University Hospital</i>	12	\$9,600	12	\$24,600	13	\$40,950	\$75,150
<i>Children's Hospital of Western Ontario</i>	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
Victoria Hospital	15	\$12,000	15	\$30,750	14	\$44,100	\$86,850
Hôtel-Dieu Grace Windsor	14	\$11,200	14	\$28,700	9	\$28,350	\$68,250
Grand River Hospital	5	\$4,000	5	\$10,250	3	\$9,450	\$23,700
Thunder Bay Regional Health Science Centre	8	\$6,400	6	\$12,300	4	\$12,600	\$31,300
St. Mary's General Hospital	4	\$3,200	3	\$6,150	3	\$9,450	\$18,800
Hospital for Sick Children	17	\$13,600	13	\$26,650	10	\$31,500	\$71,750
St. Michael's Hospital	14	\$11,200	6	\$12,300	7	\$22,050	\$45,550
Sunnybrook Health Sciences Centre	21	\$16,800	10	\$20,500	9	\$28,350	\$65,650
<b>The Scarborough Hospital</b>	<b>4</b>	<b>\$3,200</b>	<b>3</b>	<b>\$6,150</b>	<b>2</b>	<b>\$6,300</b>	<b>\$15,650</b>
<i>Scarborough Hospital - Grace Division</i>	3	\$2,400	2	\$4,100	2	\$6,300	\$12,800
<i>Scarborough General Hospital</i>	1	\$800	1	\$2,050	0	\$0	\$2,850
<b>University Health Network</b>	<b>15</b>	<b>\$12,000</b>	<b>10</b>	<b>\$20,500</b>	<b>10</b>	<b>\$31,500</b>	<b>\$64,000</b>
<i>Toronto Western Hospital</i>	12	\$9,600	9	\$18,450	9	\$28,350	\$56,400
<i>Toronto General Hospital</i>	3	\$2,400	1	\$2,050	1	\$3,150	\$7,600
<b>William Osler Health Centre</b>	<b>5</b>	<b>\$4,000</b>	<b>3</b>	<b>\$6,150</b>	<b>3</b>	<b>\$9,450</b>	<b>\$19,600</b>
<i>Brampton Civic Hospital</i>	3	\$2,400	1	\$2,050	1	\$3,150	\$7,600
<i>Etobicoke Hospital Site</i>	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
Trillium Health Centre - Mississauga Site	16	\$12,800	12	\$24,600	10	\$31,500	\$68,900
<b>Subury Regional Hospital</b>	<b>8</b>	<b>\$6,400</b>	<b>6</b>	<b>\$12,300</b>	<b>4</b>	<b>\$12,600</b>	<b>\$31,300</b>
<i>Subury Regional - Memorial Site</i>	1	\$800	1	\$2,050	0	\$0	\$2,850
<i>St. Joseph's Health Centre - Sudbury</i>	7	\$5,600	5	\$10,250	4	\$12,600	\$28,450
<b>Niagara Health System</b>	<b>5</b>	<b>\$4,000</b>	<b>5</b>	<b>\$10,250</b>	<b>4</b>	<b>\$12,600</b>	<b>\$26,850</b>
<i>NHS - St Catherine Gen</i>	4	\$3,200	4	\$8,200	3	\$9,450	\$20,850
<i>NHS - Welland County Site</i>	1	\$800	1	\$2,050	1	\$3,150	\$6,000
<b>All Tier 1 Hospitals</b>	<b>256</b>	<b>\$204,800</b>	<b>198</b>	<b>\$405,900</b>	<b>174</b>	<b>\$548,100</b>	<b>\$1,158,800</b>

*Continued*

*Deceased Organ Donation Funding*

*Non Tier 1*

*Hospitals For the period of – April 01, 2008 – March 31, 2009*

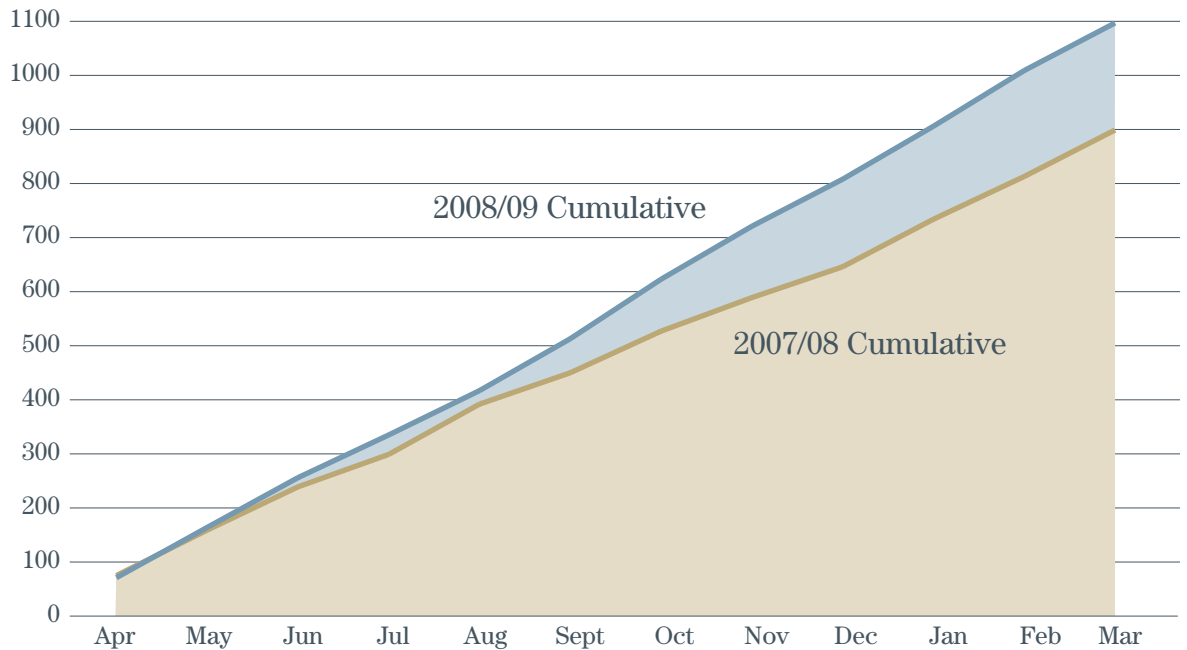
*Continued*

<i>Hospital</i>	<i>Phase 1</i>		<i>Phase 2</i>		<i>Phase 3</i>		<i>Total Funding</i>
	<i># of Cases</i>	<i>Amount</i>	<i># of Cases</i>	<i>Amount</i>	<i># of Cases</i>	<i>Amount</i>	
<b>Tier 1 Hospitals</b>							
<b>Humber River Regional Hospital</b>	<b>6</b>	<b>\$4,800</b>	<b>4</b>	<b>\$8,200</b>	<b>4</b>	<b>\$12,600</b>	<b>\$25,600</b>
<i>York Finch Site</i>	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
<i>Etobicoke Site</i>	1	\$800	0	\$0	1	\$3,150	\$3,950
<i>Church Street Site</i>	3	\$2,400	2	\$4,100	1	\$3,150	\$9,650
St. Joseph's Healthcare System – Hamilton	1	\$800	1	\$2,050	1	\$3,150	\$6,000
University of Ottawa Heart Institute	1	\$800	0	\$0	0	\$0	\$800
Southlake Regional Health Centre	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
Guelph General Hospital	1	\$800	1	\$2,050	1	\$3,150	\$6,000
North York General Hospital	1	\$800	1	\$2,050	1	\$3,150	\$6,000
Credit Valley Hospital	2	\$1,600	2	\$4,100	1	\$3,150	\$8,850
Sarnia General Hospital	1	\$800	1	\$2,050	1	\$3,150	\$6,000
Queensway Carleton Hospital	1	\$800	1	\$2,050	0	\$0	\$2,850
Windsor Regional Hospital (Metropolitan Site)	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
Markham Stouffville Hospital	1	\$800	0	\$0	0	\$0	\$800
Toronto East General Hospital	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
Sault Ste Marie General Hospital	1	\$800	1	\$2,050	0	\$0	\$2,850
Peterborough Regional Health Centre	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
Brantford General Hospital	1	\$800	1	\$2,050	1	\$3,150	\$6,000
<b>Rouge Valley Health System</b>	<b>2</b>	<b>\$1,600</b>	<b>2</b>	<b>\$4,100</b>	<b>1</b>	<b>\$3,150</b>	<b>\$8,850</b>
<i>Ajax Site</i>	1	\$800	1	\$2,050	1	\$3,150	\$6,000
<i>Centenary Site</i>	1	\$800	1	\$2,050	0	\$0	\$2,850
Oakville-Trafalgar Memorial Hospital	1	\$800	1	\$2,050	1	\$3,150	\$6,000
North Bay Civic Hospital	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
Mount Sinai Hospital	4	\$3,200	2	\$4,100	1	\$3,150	\$10,450
<b>All Non-Tier 1 Hospitals</b>	<b>34</b>	<b>\$27,200</b>	<b>28</b>	<b>\$57,400</b>	<b>23</b>	<b>\$72,450</b>	<b>\$157,050</b>

*Appendix I – Figure 1*

*Number of Tissue Donors for Transplantation, Research and Education in 2007/08 and 2008/09 by Month*

*Based on “An Overview of All Tissue Donation in Ontario” run by Michael Dutta Organized by Jason Lian on May 8, 2009*

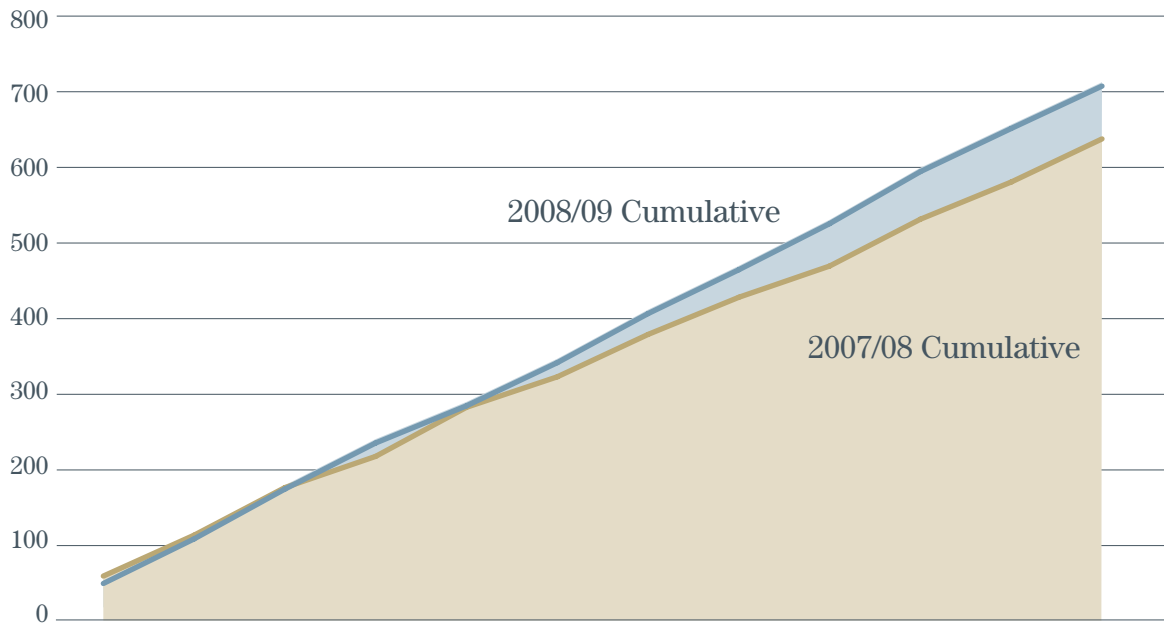


	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2008/09 Cumulative	71	164	256	335	417	513	623	721	808	906	1,009	1,097
2007/08 Cumulative	75	159	239	299	392	450	527	589	646	734	813	899

*Appendix I – Figure 2*

*Number of Eye Donors for Transplantation in 2007/08 and 2008/09 by Month*

*Based on “An Overview of All Tissue Donation in Ontario” run by Michael Dutta  
Organized by Jason Lian on April 20, 2009*



	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2008/09 Cumulative	49	109	176	238	288	346	412	471	533	603	661	718
2007/08 Cumulative	59	114	178	220	286	327	384	434	476	539	589	647

## Appendix II

### *Board of Directors as at March 31, 2009*

<i>Board of Directors</i>	<i>Appointed</i>	<i>Term Expires</i>
Rabbi Dr. Reuven P. Bulka ( <i>Chair</i> )	December 1, 2004	November 30, 2011
Dr. Andrew Baker	March 5, 2001	December 5, 2010
Ms. Diane Craig	December 8, 2004	December 8, 2010
Ms. Christine Clarke	September 3, 2008	September 8, 2011
Mr. Brian Flood	March 5, 2001	December 4, 2008
Dr. Diane Hebert	December 1, 2004	December 1, 2010
Mrs. Victoria Kaminski	December 6, 2006	December 7, 2011
Ms. May Ye Lee	December 8, 2004	December 8, 2010
Ms. Bernadette MacDonald	December 8, 2004	June 7, 2011
Mr. Arun K. Mathur, CA	December 8, 2004	December 7, 2010
Dr. Miriam Frances Rossi	December 1, 2004	November 30, 2009
Dr. Rema Zawi	September 24, 2008	September 23, 2010

## Appendix III

### *TGLN Management Group as of March 31, 2009*

Dr. Frank Markel, President and Chief Executive Officer  
Dr. Giulio Di Diodato, Chief Medical Officer, Donation  
Dr. Jeff Zaltzman, Chief Medical Officer, Transplantation  
Janet MacLean, Vice-President, Clinical Affairs  
Versha Prakash, Vice-President, Operations  
Sandra Fawcett, Director, Public Affairs and Communications  
Catherine McIntosh, Director, Finance, Human Resources and Administration  
Clare Payne, Director, Provincial Resource Centre  
Scott Skinner, Director, Hospital Programs,  
Keith Wong, Director, Information Services  
Robert Sanderson, Manager, Hospital Programs  
Janice Beitel, Professional Practice Leader  
Renata Kleban, Human Resources Leader  
Victoria Liest, Clinical Specialist, Provincial Resource Centre  
Lisa MacIssac, Provincial Tissue Advisor



*Organ and Tissue Donation Coordinators, as at March 31, 2009*

*Central Region:*

- |                                 |   |
|---------------------------------|---|
| 1. Jennifer Berry, RN           | Hospital for Sick Children                                  |
| 2. Ida Bevilacqua, RN, BScN     | Trillium Health Centre                                      |
| 3. Stacey Jewett, RN, BScN      | Sunnybrook Health Sciences Centre – RESIGNED March 13, 2009 |
| 4. Rose Puri, RN BScN           | William Osler Health Centre (GTA-WEST)                      |
| 5. Catherine Ritter, RN, BScN   | Royal Victoria Hospital (Barrie-Muskoka)                    |
| 6. Shelly Anne Roy, RN, BScN(c) | UHN-Toronto Western Hospital                                |
| 7. Kathryn Salvatore, RN, BScN  | St. Michael's Hospital                                      |
| 8. Cathy Weatherall, RN         | York Central Hospital                                       |
| 9. TBA                          | The Scarborough Hospital                                    |
| 10. TBA                         | Lakeridge Health Network                                    |

*Greater Ontario (GO) Region:*

- |                                  |   |
|----------------------------------|---|
| 1. Pam Andlar RN, BScN           | Hôpital Régional de Sudbury Regional Hospital           |
| 2. Stephanie Currie-McCarragher  | The Ottawa Hospital & Corporate Heart Institute         |
| 3. Paula Deehan-Schmidt, RN      | Hotel Dieu Grace Windsor                                |
| 4. Nancy Glover, RN, BScN(c)     | Niagara Health System & Hamilton Health Sciences Centre |
| 5. Gail Anne Harris, RN          | Kingston General Hospital                               |
| 6. Nancy Hemrica, RN, BScN       | Hamilton Health Sciences Centre                         |
| 7. Denyse Mercer, BNRN, CNCCP(c) | The Children's Hospital of Eastern Ontario (CHEO)       |
| 8. Sandra Petzel, RN             | Thunder Bay Regional Health Sciences Centre             |
| 9. Barbara VanRassel, RN, BScN   | London Health Sciences Centre                           |
| 10. Judy Wells, RN               | Grand River Hospital                                    |

*Provincial Resource Centre Coordinators as at March 31, 2009*

*Clinical Services Coordinators*

David Colpitts	BSc., M.Div.
Joleen Hammond	RN
Connie Kennedy	RN
Kim Gromadzki	RN, BScN
Nicola Hannah	RN
Leanna MacIsaac	BSc.
Diana Hallett	RN, BScN
Brenda Bowles	RN, BScN
Marsha McDonald	RN, BScN
Nicola Stewart	RN, BScN (c)
Sonya Lay	RN
Senka Vuckovic	RN
Susan Lavery	RN BScN (c)
Erin Tilley	BScH

*Tissue Coordinators*

Christine Humphreys	MSc.	Tissue Specialist
Elena Theodor	BSc.	Tissue Coordinator
Karen Rideout	BSc.	Tissue Coordinator
Leanne Revell		Tissue Coordinator
Lindsay Wilson	BA	Tissue Coordinator

Financial Statements

**Trillium Gift of Life Network**

March 31, 2009

## AUDITORS' REPORT

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

We have audited the statement of financial position of **Trillium Gift of Life Network** [the "Network"] as at March 31, 2009 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, 2009 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 29, 2009.

*Ernst & Young LLP*

Chartered Accountants  
Licensed Public Accountants

# Trillium Gift of Life Network

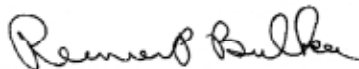
## STATEMENT OF FINANCIAL POSITION

As at March 31

	2009	2008
	\$	\$
<b>ASSETS</b>		
<b>Current</b>		
Cash and cash equivalents	7,107,119	6,050,105
Short-term investment <i>[note 5]</i>	165,000	—
GST recoverable	93,583	91,990
Other receivables	70,625	724
Prepaid expenses	12,166	11,841
<b>Total current assets</b>	<b>7,448,493</b>	<b>6,154,660</b>
Capital assets, net <i>[note 6]</i>	1,138,098	1,127,711
	<b>8,586,591</b>	<b>7,282,371</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current</b>		
Accounts payable and accrued liabilities	2,693,780	2,935,749
Deferred contributions <i>[note 7]</i>	4,663,346	3,093,479
<b>Total current liabilities</b>	<b>7,357,126</b>	<b>6,029,228</b>
Deferred funding for capital assets <i>[note 8]</i>	860,009	997,099
<b>Total liabilities</b>	<b>8,217,135</b>	<b>7,026,327</b>
Commitments <i>[note 11]</i>		
<b>Net assets</b>		
Unrestricted	213,442	136,703
Board restricted <i>[note 9]</i>	156,014	119,341
<b>Total net assets</b>	<b>369,456</b>	<b>256,044</b>
	<b>8,586,591</b>	<b>7,282,371</b>

See accompanying notes

On behalf of the Board:



Director



Director

## Trillium Gift of Life Network

### STATEMENT OF OPERATIONS

Year ended March 31

	2009 \$	2008 \$
<b>REVENUE</b>		
Ontario Ministry of Health and Long-Term Care		
- Operations <i>[note 8]</i>	11,843,034	11,311,215
- Deceased Organ Donation Management	1,300,008	1,300,008
- Tissue Program	759,348	610,896
- Education Program	235,900	—
- PRELOD Management	214,881	—
- Performance Improvement Fund Project	—	306,703
Amortization of deferred funding for capital assets <i>[note 8]</i>	270,523	292,100
Ontario Ministry of Education	54,606	70,148
Interest income	76,739	69,065
Donations <i>[note 9]</i>	59,843	138,581
	<b>14,814,882</b>	<b>14,098,716</b>
<b>EXPENSES</b>		
Salaries and employee benefits <i>[note 10]</i>	7,911,908	7,702,527
Communications	1,262,201	1,116,147
Medical supplies and testing	883,911	786,382
General and administrative	758,068	688,544
Information systems	511,481	541,596
Office rent and maintenance	404,762	421,017
Amortization of capital assets	360,020	335,047
Community projects <i>[note 9]</i>	23,170	23,504
Deceased Organ Donation Management	1,315,850	1,314,550
Tissue Program	759,348	610,896
Education Project	290,506	170,148
PRELOD Management	214,881	—
Performance Improvement Fund Project	5,364	306,703
	<b>14,701,470</b>	<b>14,017,061</b>
<b>Excess of revenue over expenses for the year</b>	<b>113,412</b>	<b>81,655</b>

See accompanying notes

## Trillium Gift of Life Network

### STATEMENT OF CHANGES IN FUND BALANCES

Year ended March 31

	2009		
	Unrestricted \$	Board restricted \$	Total \$
<b>Net assets, beginning of year</b>	<b>136,703</b>	<b>119,341</b>	<b>256,044</b>
Excess of revenue over expenses for the year	<b>113,412</b>	—	<b>113,412</b>
Interfund transfers, net <i>[note 9]</i>	<b>(36,673)</b>	<b>36,673</b>	—
<b>Net assets, end of year</b>	<b>213,442</b>	<b>156,014</b>	<b>369,456</b>

	2008		
	Unrestricted \$	Board restricted \$	Total \$
<b>Net assets, beginning of year</b>	70,125	104,264	174,389
Excess of revenue over expenses for the year	81,655	—	81,655
Interfund transfers, net <i>[note 9]</i>	(15,077)	15,077	—
<b>Net assets, end of year</b>	<b>136,703</b>	<b>119,341</b>	<b>256,044</b>

*See accompanying notes*



## Trillium Gift of Life Network

### STATEMENT OF CASH FLOWS

Year ended March 31

	2009	2008
	\$	\$
<b>OPERATING ACTIVITIES</b>		
Excess of revenue over expenses for the year	113,412	81,655
Add (deduct) items not involving cash		
Amortization of capital assets	360,020	335,047
Amortization of deferred funding for capital assets	(270,523)	(292,100)
Deferred capital contributions recognized as revenue	—	(28,251)
	<b>202,909</b>	96,351
Changes in non-cash working capital balances related to operations		
GST recoverable	(1,593)	506
Other receivables	(69,901)	2,742
Prepaid expenses	(325)	5,095
Accounts payable and accrued liabilities	(241,969)	947,003
Deferred contributions	1,703,300	2,772,090
<b>Cash provided by operating activities</b>	<b>1,592,421</b>	<b>3,823,787</b>
<b>INVESTING ACTIVITIES</b>		
Acquisition of capital assets	(370,407)	(115,500)
Purchase of short-term investment	(165,000)	—
<b>Cash used in investing activities</b>	<b>(535,407)</b>	<b>(115,500)</b>
<b>Net increase in cash during the year</b>	<b>1,057,014</b>	<b>3,708,287</b>
Cash and cash equivalents, beginning of year	6,050,105	2,341,818
<b>Cash and cash equivalents, end of year</b>	<b>7,107,119</b>	<b>6,050,105</b>

*See accompanying notes*

## **NOTES TO FINANCIAL STATEMENTS**

March 31, 2009

### **1. PURPOSE OF THE ORGANIZATION**

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

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

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

### **2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

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

#### **Revenue recognition**

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

#### **Financial instruments**

The Network has chosen to apply CICA 3861: *Financial Instruments – Disclosure and Presentation*, in place of CICA 3862: *Financial Instruments – Disclosures*, and CICA: *Financial Instruments – Presentation*.

#### **Cash and cash equivalents**

Cash and cash equivalents consist of cash on deposit and short-term investments with terms to maturity of less than 90 days at date of purchase.

## **NOTES TO FINANCIAL STATEMENTS**

March 31, 2009

### **Investments**

Short-term investments are recorded at cost plus accrued income which approximates fair value.

### **Capital assets**

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

Furniture	5 years
Leasehold improvements	over term of lease
Equipment	3 years
Computer equipment	3 years
Computer software	5 years

### **Deferred funding for capital assets**

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

### **Employee benefit plan**

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

### **Contributed materials and services**

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

### **Use of estimates**

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

### **Allocation of expenses**

Direct expenses related to projects are recorded as project expenses.

## **NOTES TO FINANCIAL STATEMENTS**

March 31, 2009

### **3. CHANGES IN ACCOUNTING POLICIES**

#### **Capital disclosures**

Effective April 1, 2008, the Network adopted the recommendations of CICA 1535: *Capital Disclosures*, which require the disclosure of qualitative and quantitative information that enables users of the financial statements to evaluate the Network's objectives, policies and processes for managing capital. The adoption of these recommendations only required additional disclosures, which are provided in note 4.

#### **Financial statement presentation**

Effective April 1, 2008, the Network adopted retroactively the changes to the recommendations in CICA 4400: *Financial Statement Presentation for Not-for-Profit Organizations*, that eliminate the requirement to separately disclose the amount of net assets invested in capital assets. The Network has therefore eliminated from the financial statements details about the amount of net assets invested in capital assets and the calculation of this amount. As a result, the Network has reclassified the prior-year financial statements to include the amount of net assets invested in capital assets as at April 1, 2007 of \$73,351, and as at April 1, 2008 of \$130,612 in unrestricted net assets.

#### **Future accounting policy changes**

The CICA has issued revisions to the 4400 series and certain other sections to amend or improve certain parts of the CICA Handbook that relate to not-for-profit organizations. With respect to presentation, these changes include making the disclosure of net assets invested in capital assets optional; making CICA 1540: *Cash Flow Statements*, applicable to not-for-profit organizations; and requiring the reporting of revenues and expenses on a gross basis in the statement of operations unless not required by other guidance. A new section, CICA 4470: *Disclosure of Allocated Expenses by Not-for-Profit Organizations*, was included in the revisions which require certain disclosures when fundraising and general support expenses are allocated to other functions. These changes in accounting policies must be adopted by years beginning on or after January 1, 2009, with earlier adoption permitted. Management has adopted the recommendations related to the disclosure of net assets invested in capital assets and is assessing the impact of the other revisions. However, the impact will be limited to reclassification of figures in the financial statements and additional disclosures.

**NOTES TO FINANCIAL STATEMENTS**

March 31, 2009

In February 2008, the AcSB amended CICA 1000: *Financial Statement Concepts*, to clarify that assets not meeting the definition of an asset or the recognition criteria are not permitted to be recognized on the balance sheet. The amendments are effective for financial statements for fiscal years beginning on or after October 1, 2008. The Network is examining its current approach to recognizing costs as assets and will implement these standards effective April 1, 2009 retroactively with restatement of the prior year. The impact of implementing these amendments on the Network's financial statements is currently not known.

**4. CAPITAL MANAGEMENT**

In managing capital, the Network focuses on liquid resources available for operations. The Network's objective is to have sufficient liquid resources to continue operating despite adverse events with financial consequences and to provide it with the flexibility to take advantage of opportunities that will advance its purposes. The need for sufficient liquid resources is considered in the preparation of an annual budget and in the monitoring of cash flows and actual operating results compared to budget. As at March 31, 2009, the Network has met its objective of having sufficient liquid resources to meet its current objectives.

**5. SHORT-TERM INVESTMENT**

The short-term investment is a guaranteed investment certificate maturing on March 15, 2010 bearing interest of 0.6%.

**6. CAPITAL ASSETS**

Capital assets consist of the following:

	<b>2009</b>		
	<b>Cost</b>	<b>Accumulated amortization</b>	<b>Net book value</b>
	\$	\$	\$
Furniture	296,809	249,707	47,102
Leasehold improvements	653,267	185,825	467,442
Equipment	69,774	67,056	2,718
Computer equipment	571,333	267,662	303,671
Computer software	842,122	524,957	317,165
	<b>2,433,305</b>	<b>1,295,207</b>	<b>1,138,098</b>

NOTES TO FINANCIAL STATEMENTS

March 31, 2009

	<b>2008</b>		
	<b>Cost</b>	<b>Accumulated</b>	<b>Net book</b>
	\$	amortization	value
		\$	\$
Furniture	270,769	233,025	37,744
Leasehold improvements	614,135	118,731	495,404
Equipment	69,774	54,093	15,681
Computer equipment	266,098	178,455	87,643
Computer software	842,122	350,883	491,239
	<b>2,062,898</b>	<b>935,187</b>	<b>1,127,711</b>

**7. DEFERRED CONTRIBUTIONS**

The continuity of deferred contributions is as follows:

	<b>2009</b>	<b>2008</b>
	\$	\$
<b>Balance, beginning of year</b>	<b>3,093,479</b>	336,681
Contributions received	<b>17,572,287</b>	16,442,539
Amount recognized as revenue	<b>(14,408,065)</b>	(13,670,449)
Amount transferred to deferred capital contributions <i>[note 8]</i>	<b>(133,433)</b>	(15,292)
Amount repaid to the Ontario Ministry of Health and Long-Term Care	<b>(1,460,922)</b>	—
<b>Balance, end of year</b>	<b>4,663,346</b>	3,093,479

## NOTES TO FINANCIAL STATEMENTS

March 31, 2009

### 8. DEFERRED FUNDING FOR CAPITAL ASSETS

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

	2009	2008
	\$	\$
<b>Balance, beginning of year</b>	<b>997,099</b>	1,302,158
Add contributions transferred from deferred contributions <i>[note 7]</i>	<b>133,433</b>	15,292
Less amortization of deferred funding for capital assets	<b>(270,523)</b>	(292,100)
Less amount recognized as Ontario Ministry of Health and Long-Term Care revenue	—	(28,251)
<b>Balance, end of year</b>	<b>860,009</b>	997,099

### 9. BOARD RESTRICTED NET ASSETS

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

During the year, the Board of Directors has approved the transfer of \$59,843 [2008 - \$138,581] of donations received during the year from unrestricted net assets to Board restricted net assets. In addition, the Board of Directors has approved the funding of special projects during the year from the Board restricted net assets in the amount of \$23,170 [2008 - \$123,504] for a net transfer to Board restricted net assets from unrestricted net assets of \$36,673 [2008 - \$15,077]. In 2008, community based projects included a new high school educational project for which \$100,000 of the Network's expenses were covered by a donation, and for which additional onetime funding was also received from the Ontario Ministry of Education.

### 10. 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 pension plan.

The Network's contributions to HOOPP during the year amounted to \$568,682 [2008 - \$520,438] and are included in the statement of operations. The most recent actuarial valuation for accounting purposes completed by HOOPP as at December 31, 2008 disclosed a smoothed asset value of \$30,261 million with accrued going concern liabilities of \$31,244 million resulting in a going concern deficit of \$983 million.

**NOTES TO FINANCIAL STATEMENTS**

March 31, 2009

**11. LEASE COMMITMENTS**

Future minimum annual payments over the next five years and thereafter under operating leases for equipment and premises, excluding operating costs, are as follows:

	\$
2009	358,821
2010	261,905
2011	211,433
2012	193,785
2013	190,441
2014 and thereafter	379,328

**12. SUBSEQUENT EVENT**

In February 2007, a legal claim was filed against the Network and a number of other defendants for which resolution remained outstanding as of March 31, 2009. This legal claim was dismissed in its entirety in May 2009.





Trillium Gift of Life Network  
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