Building a Culture of Donation

Annual Report 2017/18

Trillium Gift of Life Network

Ontario
Trillium Gift of Life Network

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TGLN'S 2017/18 BUSINESS PLAN AT A GLANCE

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

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

Strategic Directions: 2016-2019

Significantly increase consent for organ and tissue donation.	Significantly enhance and optimize physician leadership in donation.	Normalize organ and tissue donation and transplantation (OTDT) as a shared value across all sectors of Ontario society (general public and within healthcare).	Develop an integrated, sustainable tissue donation and transplant system in Ontario.

2017/18 Goals

Support Transplantation Through Effective Oversight And Collaboration With Stakeholders.	Maximize Organ And Tissue Donation For Transplantation In Partnership With Stakeholders.	Build A Strong Organ And Tissue Donation Culture In Ontario.	Drive Performance, Quality, Innovation & Cost-Effectiveness Through Research, Process Improvement, Information Technology And Talent Management.

2017/18 Objectives And Strategies

1. Develop an integrated care model that will be informed using clinical and patient reported outcomes which include reporting 100% of patient outcomes by organ and site.	**2.** Achieve a 58-61% conversion rate for provincial hospitals , 308-325 organ donors and 3.28 organ yield per donor. **3.** Achieve a 49% consent rate, 2300-2400 ocular donors and 240-260 multi-tissue donations.	**4.** Engage Ontarians in supporting OTDT and inspire over 276,000 to register consent.	**5.** Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards. **6.** Enhance IT to drive innovation, improvement and efficiency at TGLN and in the broader donation and transplantation system. **7.** Build a work environment that fosters staff engagement.

The TGLN Board of Directors annually selects a recipient for the Champion Award. Champion Award recipients are selected based on their outstanding work in raising public awareness of organ and tissue donation and transplantation.

TOP: Members of Trillium Gift of Life Network Board of Directors: (L – R) James Martin Ritchie, Paulina Mirsky, Dr. Kenneth Pritzker, Rabbi Dr. Reuven P. Bulka, Jessica Smith, Samuel S. Marr, Doug Ferguson, Karen Belaire, Christine Clark Lafleur.
LEFT: Gavsie with TGLN Board Champion Award winners Joanna and Ryley Mitchell for their dedication to promoting organ and tissue donation.
RIGHT: Ronnie Gavsie and Rabbi Dr. Reuven P. Bulka.

MESSAGE FROM THE CHAIR OF THE BOARD AND THE PRESIDENT AND CEO

"Nothing wilts faster than laurels that have been rested upon." *Percy Blythe Shelley*

Since its inception, Trillium Gift of Life Network (TGLN) has pushed with intense focus and fervor to achieve significant growth in lives saved through donation and transplant. Ontario has surpassed expectations at an extraordinary pace. Organ donation in Ontario has grown swiftly in the last 10 years. The number of deceased organ donors increased by 98 per cent, and the number of Ontarians who have registered consent has doubled to 32 per cent.

With record-breaking progress comes new challenges – stress on Ontario's system capacity, heightened expectations for accelerating research and innovation, and the need in this digital world for novel means to build a culture of donation. The 2017/18 fiscal year reflected these urgencies with a newfound level of collaboration between the medical communities – both critical care and transplant, the Ministry of Health and Long-Term Care, ServiceOntario and Ontario's dedicated donation and transplant advocates. All came together, operating more closely than ever with each other and with TGLN to better plan, manage and take action in this new era.

Within TGLN, as well as within TGLN's partners in the medical community and the Ministry of Health and Long-Term Care, the acknowledgement of and the pride in Ontario's leadership position in donation and transplant is tangible. The Province of Ontario has secured its place as a leader in organ and tissue donation within Canada and beyond our borders.

Despite these achievements, the fervor does not wane. It cannot. There is a shared understanding and appreciation that there is more that must and will be done. There remain lives to be saved and lived to the fullest.

We thank the Ministry for continuing to invest in our mission, and for their unwavering partnership in our shared pursuit of saving and enhancing more lives.

We thank the TGLN Board of Directors for its dedicated stewardship, its support, and its continual inspiration and motivation.

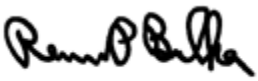
We thank the growing teams of health care and allied professionals whose relentless and collaborative effort make this incredible process work.

We thank the staff of TGLN. They never rest. They bring their skills and hearts to work each day.

And above all, we thank the donors and their families. It is their generous gifts that make all of this possible.

With our utmost gratitude and profound respect, and with our warmest regards,

Ronnie Gavsie
President and CEO



Rabbi Dr. Reuven P. Bulka
Chair, Board of Directors

OBJECTIVE 1

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

In 2017/18, TGLN continued its collaboration with partner hospitals and the transplant community to report on key performance indicators. While 100 per cent of patient outcomes by organ and site were not reported, significant progress was made in 2017/18.

Although data collection and performance metrics continue to evolve, TGLN is now able to collect, track and analyze data through the patient's journey, from the referral to post-transplantation. Post-transplant patient outcome data have been collected across all sites for a two-year cohort of adult liver, heart and lung patient groupings. The kidney and liver organ-specific working groups also reviewed post-transplant survival data for a cohort of patients who received transplants in 2015. Availability of this data has enabled TGLN and transplant centres to compare patient outcomes and assess transplant program results.

Following the release of the *Clinical Handbook for Kidney Transplantation* in 2016/17, the *Clinical Handbook for Heart Transplantation* was shared with the transplant community in February 2018. These handbooks provide a baseline standard of care and will guide continued work on performance measurement.

Improving Access to Transplantation

To support continuous improvement, referral and listing criteria for all organs are regularly reviewed by TGLN. In 2017/18, TGLN's Liver and Small Bowel and the Kidney and Pancreas Working Groups approved revised criteria. In addition, the adult liver transplant programs, including addiction specialists, developed protocols to support a pilot program to determine if the six-month abstinence requirement for patients with alcohol-related liver disease should

Recipients often become the most passionate advocates for organ and tissue donation. Here, dedicated TGLN advocate and heart recipient, Jennifer Monteith promoted organ and tissue donation awareness at a festival celebrating multiculturalism.

be changed. The pilot program is expected to launch in 2018/19.

TGLN, in partnership with the Ontario Renal Network (ORN), initiated the first phase of a joint education strategy to enhance both patient and health care professional understanding of kidney transplantation. Education focused on treatment options for chronic kidney disease, general eligibility requirements for kidney transplant and living kidney donation. Roll-out of education in 13 renal centers, selected to participate in the first phase, was completed and is expected to increase living donation referrals and facilitate early referral and assessment for transplant, reducing the need for dialysis.

In 2017/18, patients who needed to relocate as a condition to be waitlisted for heart, lung, heart/lung or small bowel transplants, or those who required additional post-transplant support, received increased funding assistance for their accommodation expenses. The Ministry of Health and Long-Term Care (MOHLTC) granted additional funds to TGLN's Transplant Patient Expense Reimbursement Program (TPER), increasing the allowable funding support to patients for accommodation expenses from $650 to $1500 per month. This increase was effective April 1, 2017 and will continue to support patients in the coming years.

Building Transplant Capacity

In 2017/18, organ transplantation volumes matched last fiscal year and remain higher than the province has seen historically. To support increased activity and high demand for organ recovery throughout the province, MOHLTC provided TGLN with additional funding to increase the capacity of recovery teams within the transplant hospitals. TGLN and the transplant programs continued to evaluate and monitor system capacity using key performance indicators. In addition, the Transplant Steering Committee supported a review of the funding model for organ transplantation.

The 2017/18 year also marked the first successful islet cell transplant in Ontario at the University Health Network.

PASTOR IAN ROBB
Lung Recipient

"We will forever be known by the tracks we leave. Pay it forward with gratitude, as I will continue to do; as my donor did for me."

Pastor Ian Robb, lung recipient

By the time Ian left the hospital – six months after what was meant to be a routine gallbladder removal surgery – he was wheelchair-bound, breathing with an oxygen tank and in need of a lung transplant. He was diagnosed with Acute Respiratory Distress Syndrome, which affected every aspect of his life from his work as a pastor to his passions of riding his motorcycle and flying to simply walking and breathing. After two and a half years on oxygen and one false alarm, Ian received the call he had been waiting for – a set of lungs was available for him. Following his transplant, Ian worked hard on physiotherapy and rehabilitation allowing him to return home to his wife and two dogs, his passion of ministry to others and preaching, golf on an 18-hole course and tour the United States on his motorcycle. He has also attended three Canadian Transplant Games where he has earned gold, silver and bronze medals. In addition, he performed the marriage ceremonies for two of his children and has welcomed three grandchildren into the world. Ian continues to spend time in ministry, gardening and giving back as a member on various Boards and a mentor to other transplant patients.

OBJECTIVE 2

Achieve 58%-61% provincial conversion rate, 308-325 organ donors and 3.28 organ yield/donor.

In 2017/18, TGLN exceeded its target for organ donation. A total of 335 deceased organ donors contributed to 1,092 lives saved through transplantation. More families than ever consented to organ donation and a record high consent rate of 62 per cent was achieved, a key marker of a growing culture of donation in Ontario.

The conversion rate – the rate at which potential organ donors become actual organ donors – is a key performance indicator for both TGLN and designated hospitals, and represents the collaboration involved in the complex organ donation and transplantation process. TGLN and its hospital partners fell just short of the annual target with a conversion rate of 57 per cent in 2017/18.

Organ yield, the number of organs recovered and transplanted per donor, at 3.26 was slightly below target. The large proportion of death after circulatory determination (DCD) donors, amounting to 31 per cent of the organ donors in 2017/18, led to a decrease in organ yield, as the number of transplantable organs from DCD donors is less than that of a neurologically determined death (NDD) donor.

Improvements in Organ Donation Performance

As Ontario's population ages, to counter the loss of potential donors deemed medically unsuitable and organs deemed unacceptable by transplant programs, TGLN consistently seeks new opportunities to improve donation performance and increase organ donations.

Readiness to facilitate donation from Non-Perfused Organ Donors

In 2017/18, TGLN worked with William Osler Health System (Etobicoke General Hospital) and St. Michael's Hospital to facilitate donation from

TOP: Dr. Andrew Healey, TGLN's Chief Medical Officer for Donation speaks at Critical Care Canada Forum. **RIGHT:** Gavsie presents Tissue Donation Champion Awards to Joanne Whitney and Jeff Arnold at the Ontario Forensic Pathology Services.

TGLN's organ and tissue donation coordinators meet in person three times per year to share best practices and insights.

non-perfused organ donors (NPOD), who were unable to be resuscitated after an unexpected death, such as a cardiac arrest. TGLN supported policy and procedure development, as well as education for hospital staff, including trial simulations of the initial screening, family approach and deployment of recovery personnel, all of which must occur within three hours following death. Although no NPOD referrals were converted into actual organ donors in 2017/18, TGLN and its partner hospitals remain ready and prepared to facilitate donation from these potential donors.

Increased Donation Opportunities with Medical Assistance in Dying (MAID)
In 2017/18, six organ donations came through MAID by successfully integrating donation with quality end of life care. TGLN led the creation of a variety of tools for health care professionals, including a Routine Notification Worksheet specific to MAID patients, the MAID Toolkit, and Frequently Asked Questions. Targeted education was provided to Hospital Donation Physicians and the provincial Organ and Tissue Donation Committees on timely referral and rapid assessment of medical suitability for donation, to ensure a trained TGLN coordinator is available to speak to these patients directly if appropriate.

Refined Screening of Increased Risk Donors
TGLN continued its work with Ontario's Transplant Programs to broaden the pool of organs accepted for transplantation. Refined screening and post-transplant follow up in 2017/18 facilitated the utilization of organs from donors who historically would have been excluded due to Hepatitis C. In addition, advancements in available treatments for transplant recipients permitted utilization of organs from donors with Hepatitis C, with positive results.

New Public Reporting Metric
In 2017/18, TGLN developed a third performance metric, Eligible Approach Rate. A series of webinars was held for hospitals to introduce the new metric aimed at ensuring potential organ donors are referred in a timely manner and approached by a trained TGLN coordinator, when and if appropriate.

New tools were also created to assist hospitals with the data validation process. Data collection was initiated to facilitate preliminary data sharing. This, paired with practical strategies for improving performance, offered hospitals an opportunity to review and enhance their practices prior to public launch of this new metric in 2018/19.

Members of TGLN's family services team stand by the Donor Recognition Wall.

Creation of Clinical Responder Role
To help assist with the significant and steady increase in clinical activity across the province, TGLN created the role of Clinical Responder, which is solely dedicated to providing on-site support during active donation cases. Clinical Responders are primarily scheduled to provide evening and weekend coverage within their region.

Implementation of Clinical Responders in the southwest and eastern regions led to an increase in timely on-site response as well as increased consent and improved clinical management of the organ donor. These coordinators were also utilized for obtaining serology test results, coordinating case follow up outside of regular business hours, connecting with families for research related purposes and conducting telephone approaches in circumstances where in-person approach was not possible.

Strengthening Physician Engagement in Donation

Ontario's dedicated network of donation physicians promote a culture of organ and tissue donation in hospitals across the province. Their role is to serve as a clinical resource, educator, and advocate to improve all aspects of donation, from identification and notification to consent, medical management, declaration of death and recovery.

Recognizing that the success of the physician model is tied, in part, to the amount of time a physician can commit to the donation program, TGLN received additional funds from the MOHLTC in 2017/18 to increase the time commitments of the Chief Medical Officer, Regional Medical Leads and Hospital Donation Physicians.

In addition, TGLN broadened the accountability of its donation physicians through formalized goal setting. The Regional Medical Leads worked alongside the Hospital Donation Physicians to establish tangible goals and actionable strategies, such as reviewing missed donation opportunities, providing education to local physicians and ensuring leading practices are being followed during every donation case.

Critical Care Canada Forum - Deceased Donation Symposium
TGLN continued its sponsorship of programming at the Critical Care Canada Forum to introduce Ontario physicians to world leaders in donation. The well-attended symposium in October was facilitated in collaboration with Canadian Blood Services and generated much excitement about donation leading practices and upcoming initiatives, in particular innovative heart recovery techniques following DCD. Speakers from the United Kingdom and Australia shared their knowledge and successes.

FAST FACTS

Hospitals facilitating their first NDD Donor

- Chatham-Kent Health Alliance
- Stratford General Hospital
- St. Thomas Elgin General Hospital

Hospitals facilitating their first DCD Donor

- Stratford General Hospital
- Michael Garron Hospital
- Timmins & District Hospital

Hospitals facilitating Organ and Tissue Donation following MAID

- Brantford General Hospital
- Clinton Public Hospital
- Owen Sound Hospital
- Juravinski Hospital
- Hawkesbury & District Hospital
- Hospice Simcoe Barrie
- Lakeridge Health Oshawa
- University Hospital
- Victoria Hospital
- Niagara Health – St. Catharine's Site
- North Bay Regional Health Centre
- Peterborough Regional Health Centre
- Princess Margaret Hospital
- Ross Memorial Hospital
- Sinai Health System
- Sunnybrook Health Sciences
- The Ottawa Hospital – Civic Campus
- The Ottawa Hospital – General Campus
- Timmins & District Hospital
- Toronto General Hospital
- The Credit Valley Hospital
- Mississauga Hospital
- Etobicoke General Hospital

Hospitals that met or exceeded the provincial Conversion Rate target (58 – 61%)

- Chatham-Kent Health Alliance
- Grand River Hospital
- Grey Bruce Health Services
- Hamilton Health Sciences Centre
- Health Sciences North
- Huron Perth Health Alliance
- London Health Sciences Centre
- Michael Garron Hospital
- Niagara Health
- North Bay Regional Health Centre
- Orillia Soldiers' Memorial Hospital
- Pembroke Regional Hospital
- Peterborough Regional Health Centre
- Queensway Carleton Hospital
- Royal Victoria Regional Health Centre
- Sault Area Hospital
- St. Mary's General Hospital
- St. Michael's Hospital
- St. Thomas Elgin General Hospital
- The Ottawa Hospital
- Timmins & District Hospital
- University of Ottawa Heart Institute
- William Osler Health System
- Windsor Regional Hospital

Hospitals that met the provincial Routine Notification Rate target (100%)

- Children's Hospital of Eastern Ontario
- Kirkland & District Hospital
- Pembroke Regional Hospital

OBJECTIVE 3

Achieve 49% consent rate, 2300 – 2400 ocular donors and 240 – 260 multi-tissue donations.

TGLN achieved its target consent rate of 49 per cent, 2,127 ocular tissue donors and 210 multi-tissue donations in 2017/18. Although the ocular tissue and multi-tissue targets were not met, a significant increase of 15 per cent in multi-tissue donations, including musculoskeletal, heart valve and skin donations, was attained.

Also, TGLN's work with Ontario's provincial tissue banks on suitability criteria led to a dramatic increase in multi-tissue acceptance rates from 30 per cent last year to 66 per cent in 2017/18. Transfer and consolidation of multi-tissue recovery from tissue banks to TGLN was a major contributing factor to improved tissue acceptance rates.

Improvements in Tissue Donation Performance

In 2017/18, TGLN established routine notification practices in two additional facilities. Notifications previously sent to the Eye Bank of Canada – Ontario Division were directed to TGLN, promoting standardized screening, consent and recovery practices province-wide. Establishing routine notification practices in these additional facilities will help to increase the number of tissue donors across the province and spread the culture of donation.

Building on the TGLN partnership with the Office of the Chief Coroner of Ontario, the Coroner's Referral and Screening Program was expanded to the province's eastern region.

Tissue recovery training in progress in the Learning Centre at TGLN's head office.

TGLN also launched the Paramedic Referral and Screening Program involving Emergency Medical Service responders in Ottawa and the United Counties of Prescott and Russell. To assist coroners and paramedics in their referral practices, TGLN deployed a streamlined referral criteria in addition to providing several support aids, such as identification, referral cards and checklists.

Leading Ontario's Tissue System Redesign

Significant strides in the implementation of recommendations outlined in the 2014 report, *Tissue Banking in the Province of Ontario: Review and Analysis*, to redesign the tissue system in Ontario were made. In particular, multi-tissue recovery services were consolidated under TGLN in order to address system level inefficiencies, maximize recovery opportunities and improve service delivery. TGLN also partnered with LifeGift, an American organ and tissue donation organization, to develop a comprehensive tissue-recovery training program in Houston, Texas, where training is expedited due to the high volume of multi-tissue donors.

Through successful partnerships with the Ontario Forensic Pathology Service and Office of the Chief Coroner, a dedicated Tissue Recovery Suite is housed in the Forensic Services and Coroner's Complex. TGLN maximized use of the Tissue Recovery Suite and reduced the number of tissue recoveries in hospital operating rooms. A number of multi-tissue recovery work flow interventions were also developed to reduce recovery times, maximize the availability of recovery staff and improve health and safety process requirements.

A Tissue On-Call role was also introduced in 2017/18 to provide after-hours management level guidance to Tissue Program staff on both operational and clinical matters, offering a standardized approach to navigating challenges.

TGLN initiated its plan to assume responsibility for all ocular recoveries previously completed by physicians and other health care professionals, in 2017/18. In collaboration with Eye Bank of Canada - Ontario Division, a plan was developed to recruit and train nearly 60 additional Tissue Re-

RALPH WALKER
Tissue recipient

"I didn't have enough healthy tissue on my body to survive. I needed that donor tissue – my life depended on it."

Ralph Walker, tissue recipient

It was December and nearing the end of hunting season when Ralph Walker, a member of the Canadian Forces and Afghanistan veteran, went to his hunt camp on Manitoulin Island. Wanting to get a jump on what would likely be his last hunt of the season, Ralph woke early, unaware that there was a leak in the trailer's propane system. When he attempted to light his lamp the propane in the air created an explosion and fireball that left Ralph with burns on 90 per cent of his body, 75 percent of which were third degree. Four hours after the initial explosion Ralph arrived via air ambulance at Sunnybrook Health Sciences Centre to be treated. He woke from an induced coma two and a half months later having endured eight operations, a collapsed lung and multiple infections. During this period Ralph received multiple donor skin grafts to protect him until his own skin could regenerate enough to be permanently grafted. Following intense rehabilitation Ralph was back home with his family fifteen months after the accident. He was able to serve another six years with the Canadian Forces. Ralph now spends his time as a mentor to other burn survivors, speaking at conferences about his experience and working at Boreal College. He continues to hunt, fish and enjoy the things his doctors never expected him to be able to enjoy again.

MORGAN
Heart recipient

"Morgan is happier and healthier than he has ever been. Thank you does not seem adequate to express our gratitude to our donor family; this selfless gift has not just changed his life, it has given him a life."
Terri-Anne and Chris, Morgan's mom and dad

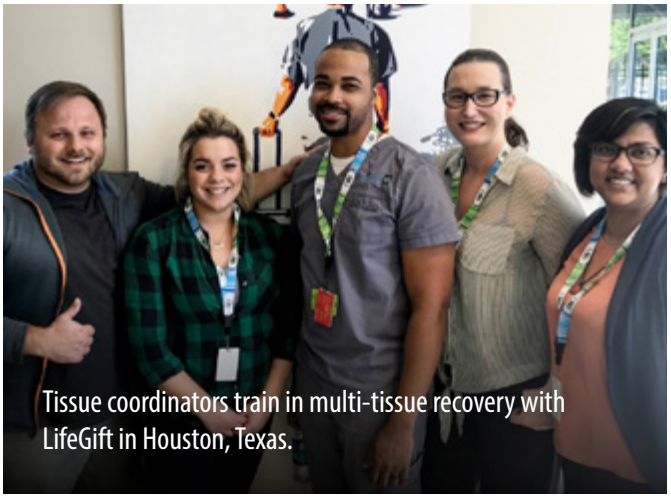
Born with complex heart defects, Morgan's parents and physicians hoped that he could lead a fairly normal life through various operations and drug therapies. Despite five surgeries, his heart issues became more serious and it was evident that nothing more could be done with Morgan's heart – he would need a transplant. Morgan was assessed and placed on the waitlist the same year he began school part-time. His heart continued to deteriorate requiring him to carry a defibrillator at all times. The call that a heart was available for Morgan came early one morning in June. Morgan and his parents raced to the hospital shocked, relieved and grateful, yet also aware that somewhere nearby, another family was saying goodbye to their child for the last time. Twelve hours later, Morgan had his new heart. He and his family spent the summer adjusting to his newfound freedom and energy. The September after his transplant, Morgan started full-day kindergarten. He no longer has any physical limitations and takes joy in riding his bike, splashing in the water and fighting with his big sister.

covery Coordinators in various regions across the province and improve the ocular recovery training program to combine whole globe and in-situ ocular recovery training, which will lead to improved tissue quality and optimal surgical outcomes.

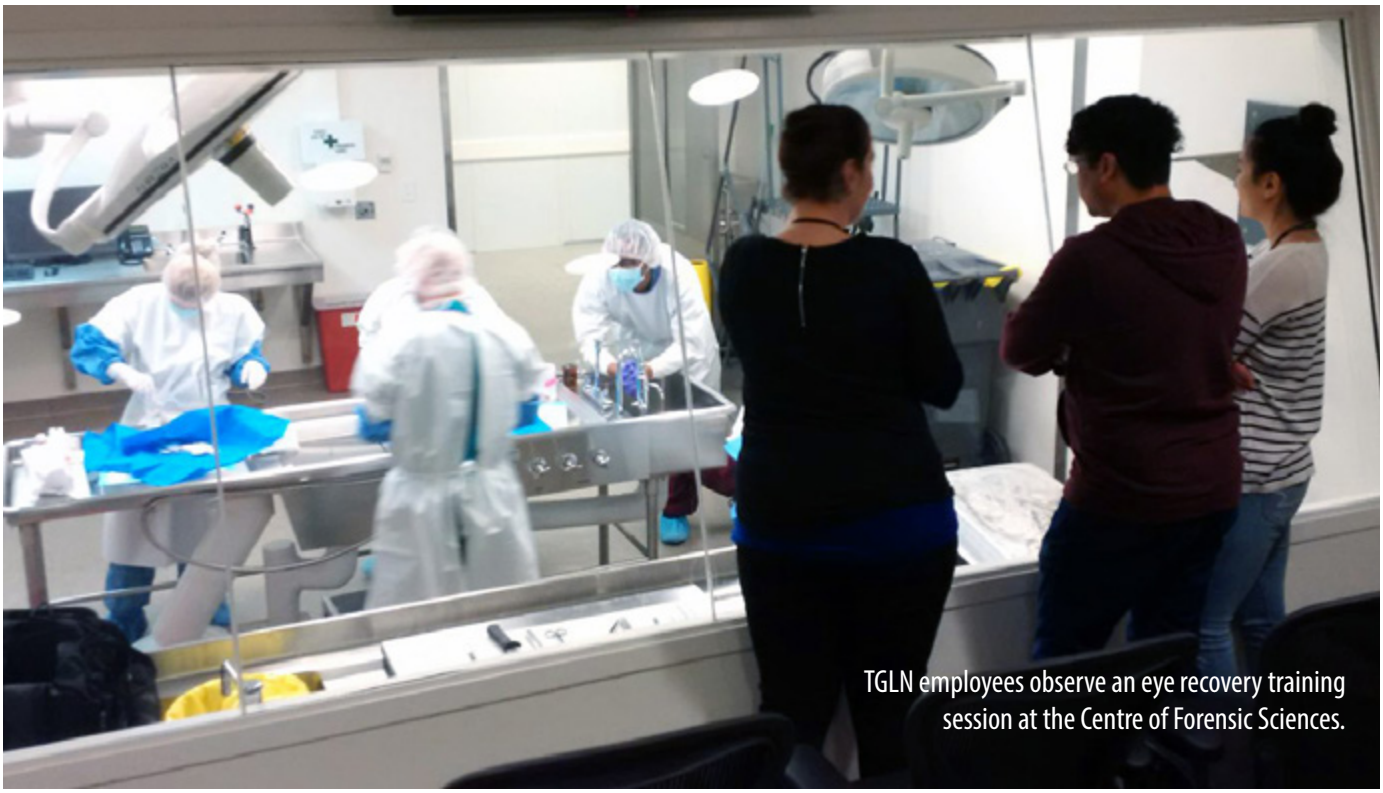
A Clinical Specialist was on-boarded to focus on the development and delivery of education and training, in addition to supporting new annual competency assessment processes. Simulation aids were acquired to facilitate hands-on training of donor preparation and draping during ocular recovery orientation.

Tissue Bank Consolidation Review Panel Support
The MOHLTC requested that Lake Superior Centre for Regenerative Medicine (RegenMed) develop a detailed business case for establishing a single tissue banking operation that included the processing, storage, and distribution of musculoskeletal, skin and heart valve tissue.

As requested by the MOHLTC, TGLN established the Tissue Bank Consolidation Review Panel (Review Panel) to oversee the development of RegenMed's business case. The Review Panel included representatives from Infrastructure Ontario, the MOHLTC's Health Capital Investment Branch, Financial Management Branch and Provincial Programs Branch, an international tissue banking expert and TGLN. The Review Panel found RegenMed's business case to have sufficient detail to enable the provincial government to make a decision on whether to proceed. Notification of the decision is expected in early 2018/19.



Tissue coordinators train in multi-tissue recovery with LifeGift in Houston, Texas.



TGLN employees observe an eye recovery training session at the Centre of Forensic Sciences.

Planning for the expansion of the paramedic referral and screening program into Eastern Ontario.

OBJECTIVE 4

Engage Ontarians in supporting OTDT and inspire over 276,000 to register consent

To inspire registrations and build a culture of donation, TGLN launched a wide range of communications initiatives, including a new marketing campaign. In 2017/18, more than 226,000 Ontarians registered their consent for organ and tissue donation, reaching 82 per cent of TGLN's target.

Media Relations and Social Media

TGLN had an impressive year engaging the public through media relations and social media. Media coverage in 2017/18 resulted in 1,093 mentions in print, online and broadcast with a reach of more than 92 million people. TGLN proactively engaged media through three releases, nine advisories and 98 media pitches on a broad range of topics, including: BeADonor Month 2017; calendar and fiscal year-end donation and transplantation results; common organ and tissue donation misconceptions; hospital achievement awards; public reporting of hospitals' routine notification and conversion rates; and registration rates by community.

There was a greater level of interest from the media on issues related to organ and tissue donation and transplant in 2017/18 than in previous years. TGLN worked with local, provincial and national media to educate and inform the public on a variety of issues, including: directed deceased donation; DCD; family consent for donation; the listing criteria for various organs; MAID; opioid overdoses' effect on donation numbers; and presumed consent.

Social media continued to be an integral way to connect with stakeholders and share information with the public. During the 2017/18 fiscal year, TGLN had more than 92,000 followers on Facebook and more than 5,000 on Twitter. There was a higher level of engagement to posts, both organic and paid, through likes, comments and shares than the previous year, which expanded TGLN's reach and spread the culture of donation to those who were not connected to the organization's social media channels.

Gavsie prepares for an interview on TVO's The Agenda. From L - R Dr. Leslie Lilly, Medical Director of Gastrointestinal Transplant at Toronto General Hospital's Transplant Clinic; Kimberly Young; Dave Allingham, heart transplant recipient; Gavsie; Steve Paikin, host of The Agenda.

Marketing

TGLN launched a multi-media marketing campaign, consisting of digital banners and videos, as well as social media. The campaign connects Canadian values to organ and tissue donation, posing the question "If Canadians are so nice, why aren't more of us organ and tissue donors?" The goal was to compel viewers to register for organ and tissue donation for someone in need, in order to build a culture of donation – a "DONORNation". The media campaign ran for six weeks and generated approximately 30 million impressions. The campaign was incorporated into all ServiceOntario materials, which includes brochures (mailed with health card and driver's license renewals), as well as in-centre posters and videos.

A continued presence on Search networks ensured that anyone searching online for information on organ and tissue donation or registration was able to quickly and easily access it via one of TGLN's websites: GiftofLife.on.ca and BeADonor.ca.

New ServiceOntario in-centre poster.

BeADonor Month 2017

Almost two million Ontarians mistakenly believe they are registered organ and tissue donors so April's theme of MayBeADonor called on Ontarians to check their registration status.

During this month, 343 media articles reached more than 15 million people with the BeADonor month messaging, and almost four million people were reached via social media. ServiceOntario and hospital participation was strong, with a record 56 hospitals participating in activities. Advocates throughout the province sponsored more than 55 community events, and provincial and municipal elected officials showed their support for a culture of donation in person and on social media.

Health care professionals share their organ donor pride during BeADonor Month.

Strengthening Partnerships

ServiceOntario

The 2017/18 fiscal year was an opportunity to strengthen TGLN's partnership with ServiceOntario through more consistent oversight and a clear

The Toronto sign at Nathan Phillips Square shines green in support of BeADonor Month.

governance structure, which included executive and operational level management committees.

TGLN worked with ServiceOntario to ensure that the opportunity for donor registration remained available on their new integrated health card and driver's license online application, which launched in January 2018.

TGLN also joined an improvement project, led by University of Toronto, which explores whether behavioural nudges for customer service representatives at public ServiceOntario centres will improve donor registration sign up rates. The project launched in June 2017 and will conclude in May 2018.

Hospital Relations

TGLN continued to recognize and celebrate hospital and healthcare partner achievements and milestones as they worked throughout the year to build a culture of donation in their communities.

A record 36 hospital awards were presented to 29 organ and tissue donation champions, hospitals and healthcare facilities. Twenty seven hospitals received the *Provincial Conversion Rate Award* for meeting or exceeding conversion rate targets; three hospitals received the Award of Excellence for meeting or exceeding the provincial conversion rate target in four or more consecutive years; one hospital was awarded the *Provincial Routine Notification Award* for maintaining a 100 per cent routine notification rate; and five individual health care professionals were recognized for their leadership and championship of organ and tissue donation with the *Donation Champion Award*.

Government Relations

On October 17, 2017, more than 120 people gathered at Queens Park to attend TGLN's MPP Reception in recognition of Ontario's growing

Gavsie and Toronto Councillor Norm Kelly meet to discuss organ and tissue donor registration rates in Toronto.

culture of donation. This event was an opportunity to thank provincially-elected officials, and to recognize the role they play in educating their communities on organ and tissue donation and transplant. Minister of Health and Long-Term Care Eric Hoskins, who co-hosted the event, addressed the crowd, as well as a paediatric donor family and the family of a five-year-old

Gavsie looks on as Dr. Eric Hoskins, Minister of Health and Long-Term Care, speaks at the annual MPP reception.

heart recipient. It was an impactful evening for the MPPs, hospital stakeholders and TGLN staff in attendance.

Additionally, in an effort to increase engagement in Toronto, Ronnie Gavsie, TGLN CEO and President, met with five Toronto City Councillors and was recognized in April during a Toronto City Council meeting for the important role she plays at TGLN.

South Asian Community Relations

TGLN continued to partner with South Asian advocate groups as well as the Council of Agencies Serving South Asians (CASSA) to educate South Asian cultural and faith communities across the Greater Toronto Area. Highlights from this outreach included: the creation of a new Punjabi language brochure for the Khalsa Day Parade that was disseminated and shared with more than 10,000 parade participants; recognizing South Asian youth advocates in the Peel region at Amar Karma's annual 'Give a Heart' Event; and holding a myth-busting session at TGLN's head office for South Asian community leaders.

Advocacy and Community Engagement

A number of exciting programs were introduced in 2017/18 to recognize and support TGLN's advocates as they work to build a culture of donation in their communities across the province.

The *Advocates in Action Award* was launched to recognize TGLN volunteers who made a significant contribution to increasing donor registration in Ontario. The inaugural year of the Advocates in Action Award garnered 32 nominees across the province and celebrated three winners.

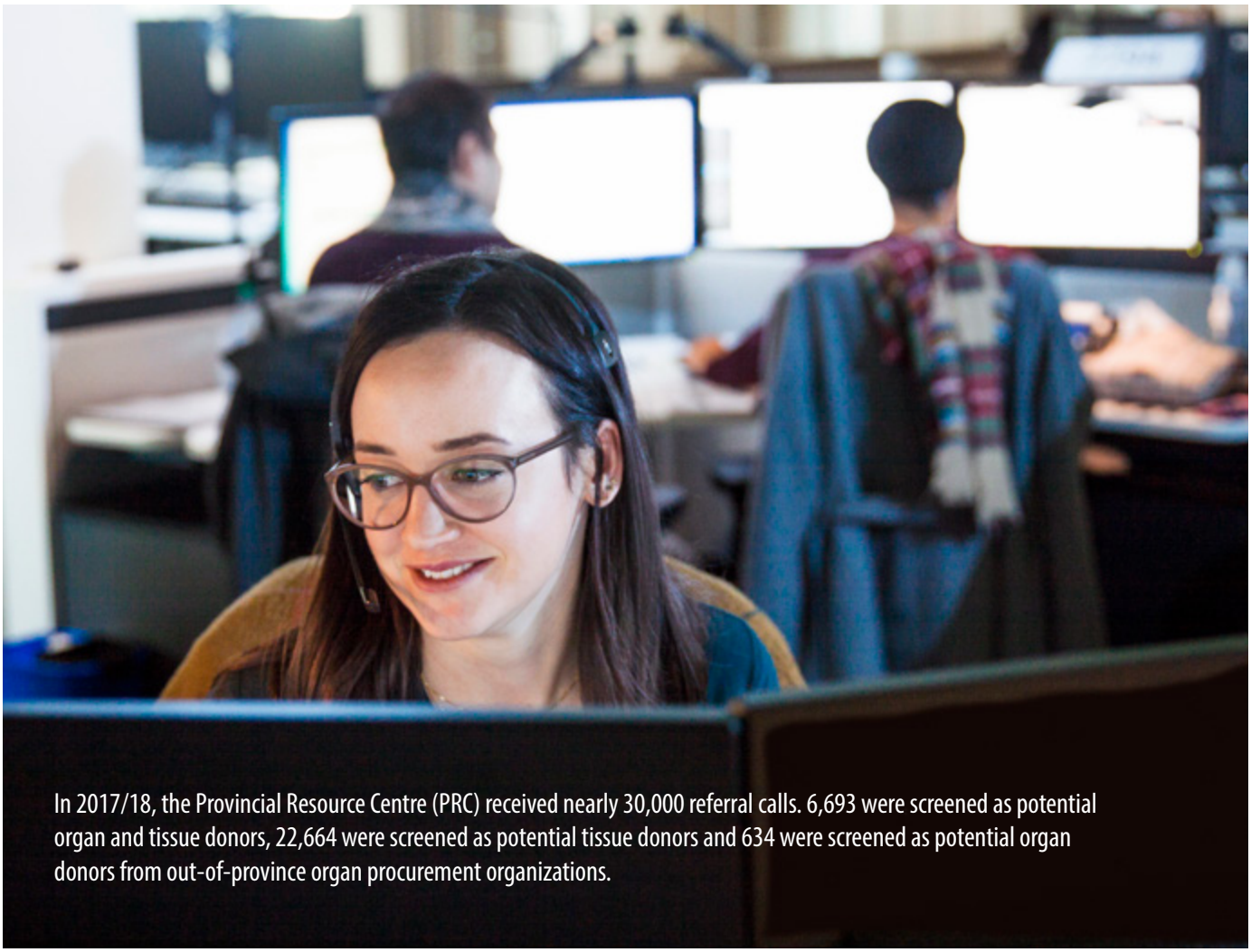
To meet the incredible growth in provincial advocate activity, TGLN launched a pilot project to establish a sustainable, accountable and equitable approach to funding requests. The pilot program will run through 2018. The learning and experience from this pilot year will guide TGLN's future program to support advocates in meeting our shared goal to increase organ and tissue donor registrations in Ontario.

A three-part webinar series was also developed to provide advocates with storytelling and writing tools as they share their experience and spread awareness about organ and tissue donation and transplant through presentations, media interviews and community events.

Advocates In Action award winner Arlene Lindsay.

OBJECTIVE 5

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

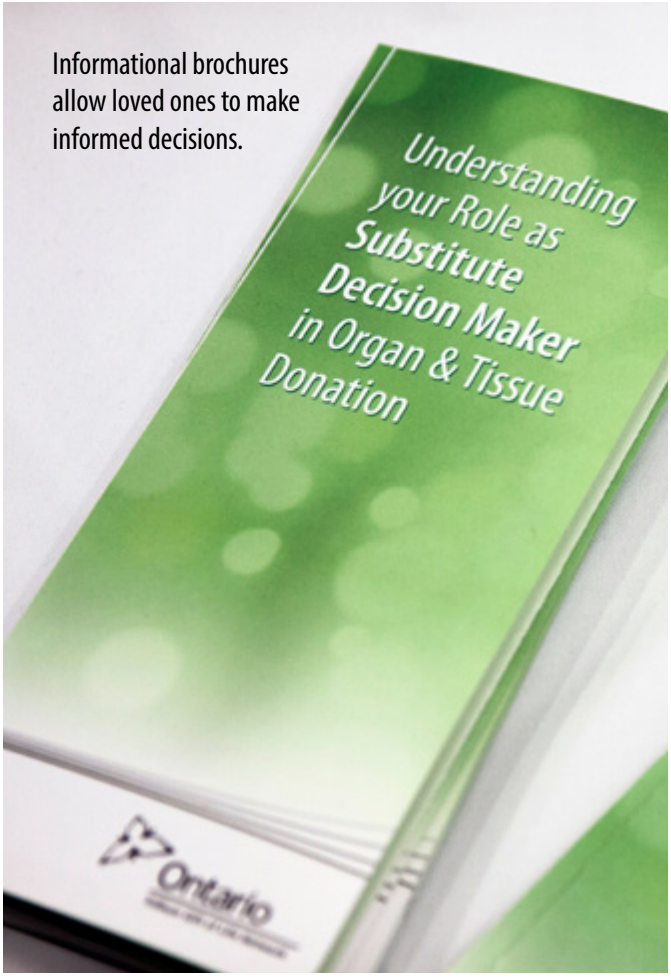


In 2017/18, the Provincial Resource Centre (PRC) received nearly 30,000 referral calls. 6,693 were screened as potential organ and tissue donors, 22,664 were screened as potential tissue donors and 634 were screened as potential organ donors from out-of-province organ procurement organizations.

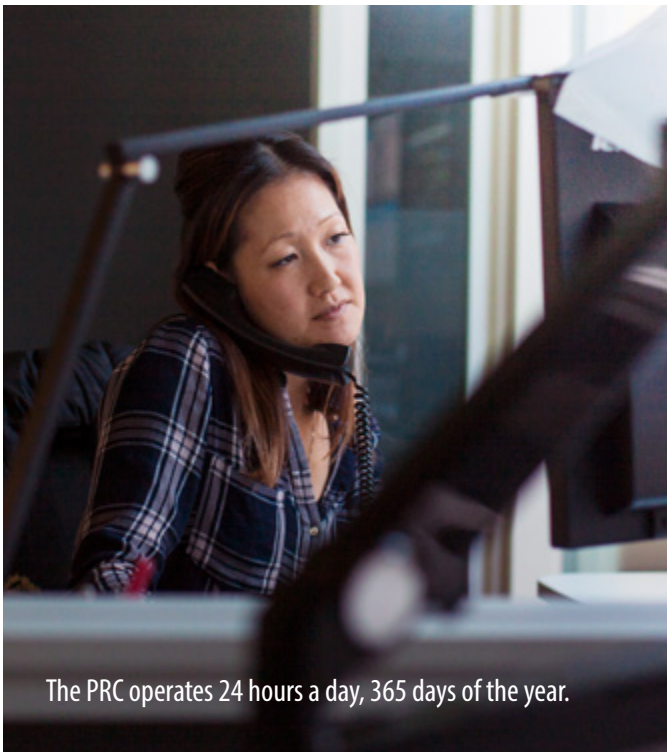
The main area for quality enhancement in 2017/18 at TGLN focused on compliance with regulatory standards. TGLN's adherence to the rigorous requirements of the American Association for Tissue Banks (AATB) Standards was strengthened. Multi-tissue and ocular donor chart compliance is fundamental to the compliance with these standards. Staffing resources were added to review tissue donor charts for compliance with Health Canada and AATB requirements. Also, additional quality process documentation was developed to add more rigour to TGLN's tissue donation and recovery program.

TGLN also underwent four successful multi-tissue audits conducted by provincial tissue banks, confirming the quality of consolidated tissue recovery services under TGLN.

In 2017/18, several staff-led improvement projects were also implemented to improve quality and efficiency of clinical operations.



Informational brochures allow loved ones to make informed decisions.



The PRC operates 24 hours a day, 365 days of the year.

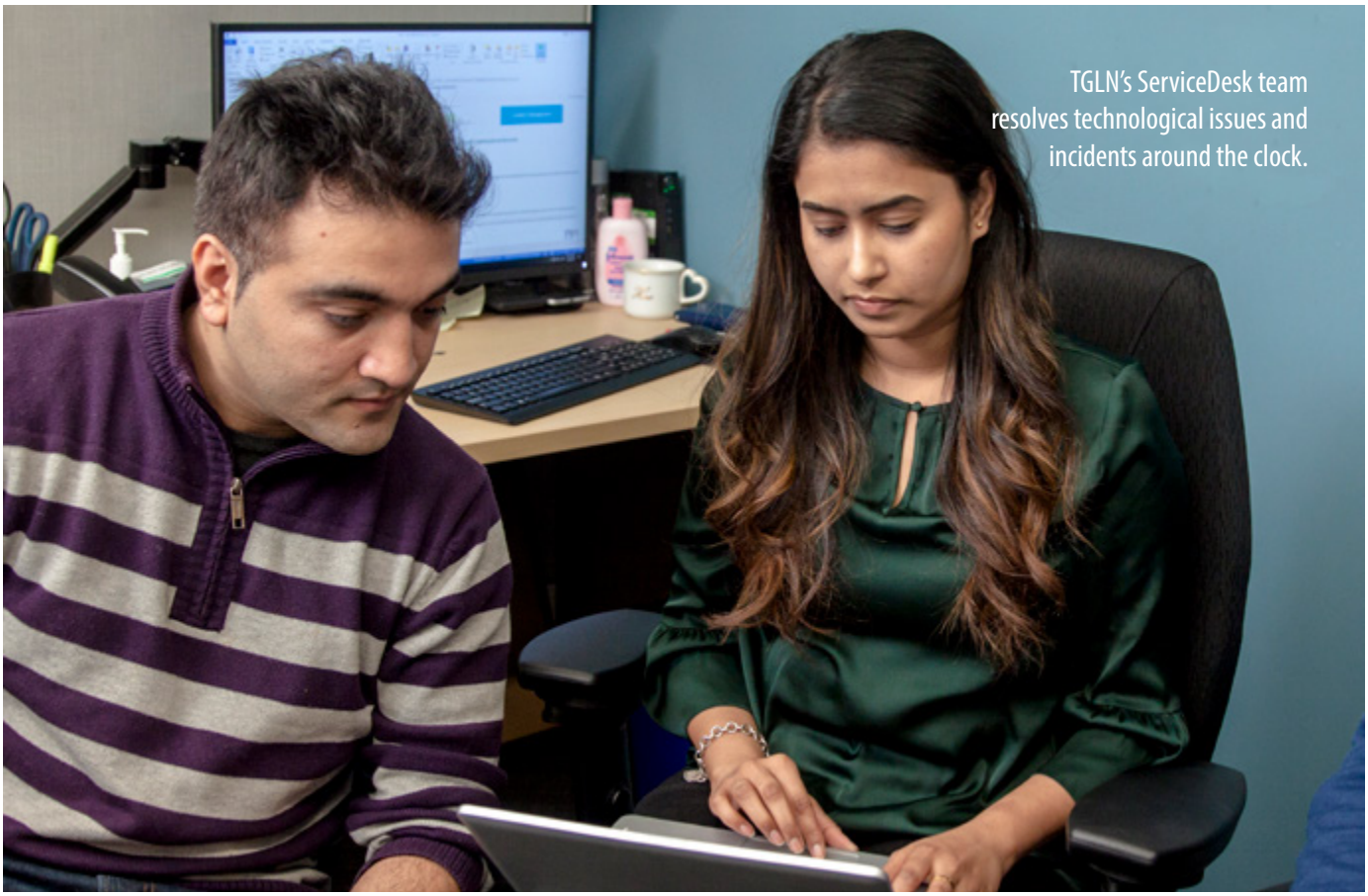
ANN MCGUIRE
Lung recipient

"My life has been transformed thanks to TGLN, my donor and Toronto General Hospital. I continue to give back in the memory of my donor and with every breath I take I feel gratitude."
Ann McGuire, double lung recipient

Ann was just 47 when she was diagnosed with Chronic Obstructive Pulmonary Disease (COPD). The diagnosis came as a shock to the teacher and mother to two young children, as she had been previously healthy. For ten years, her condition deteriorated until her lung capacity was just 11 per cent. During those ten years, Ann began experiencing panic and anxiety due to her struggle to breathe and eventually had to give up teaching. As her health declined she was also unable to attend her son's or daughter's university graduations. Eventually, she was put on oxygen 24 hours a day, seven days a week and added to the waitlist for a lung transplant. She waited for 11 months before receiving her lifesaving gift. She recalls opening her eyes following her transplant to find her family by her side and feeling gratitude for her donor. Ann is now 10 years post-transplant and spends her time volunteering for various organizations, including TGLN, Toronto Lung Transplant Civitan Group, Toronto General Hospital and HOPE, a newsletter for transplant recipients where she is an editor. She is also happy to have been able to attend her children's post-graduate graduation ceremonies.

OBJECTIVE 6

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



TGLN's ServiceDesk team resolves technological issues and incidents around the clock.

TOTAL Replacement Project

A project to replace TOTAL, TGLN's outdated information system, with a modern and agile cloud-based system to support end-to-end transplantation processes of organ allocation, waitlist management, transplant case management and decision making was initiated. The new system, which will be accessible across multiple devices including smartphones and tablets, will also support real-time clinical decision making and changes to organ allocation algorithms. The system will be user-friendly, accessible and intuitive for all users and will optimize operations and reporting capabilities. Furthermore, the system will interface directly with external systems currently being used, such as transplant programs applications, Serology and HLA Labs, eHealth Ontario, Canadian Transplant Registry (CTR), iTransplant and the TGLN Data Warehouse.

A comprehensive Request for Proposal (RFP) respecting the Canadian European Trade Agreement (CETA) was developed and published for bidding in March 2018. This ensures a competitive bid process that is open to all vendors from the North American and European Union. In addition, TGLN has engaged a Fairness Commissioner to support and oversee a transparent and fair process.

Organ Allocation and Patient Outcomes

TGLN updated the organ allocation algorithms for liver, lung and heart to reflect direction from the expert organ working groups to enhance equity and fairness in distribution of organs. Changes to the algorithm reduced the manual effort and workarounds required in allocating organs, and has improved efficiency.

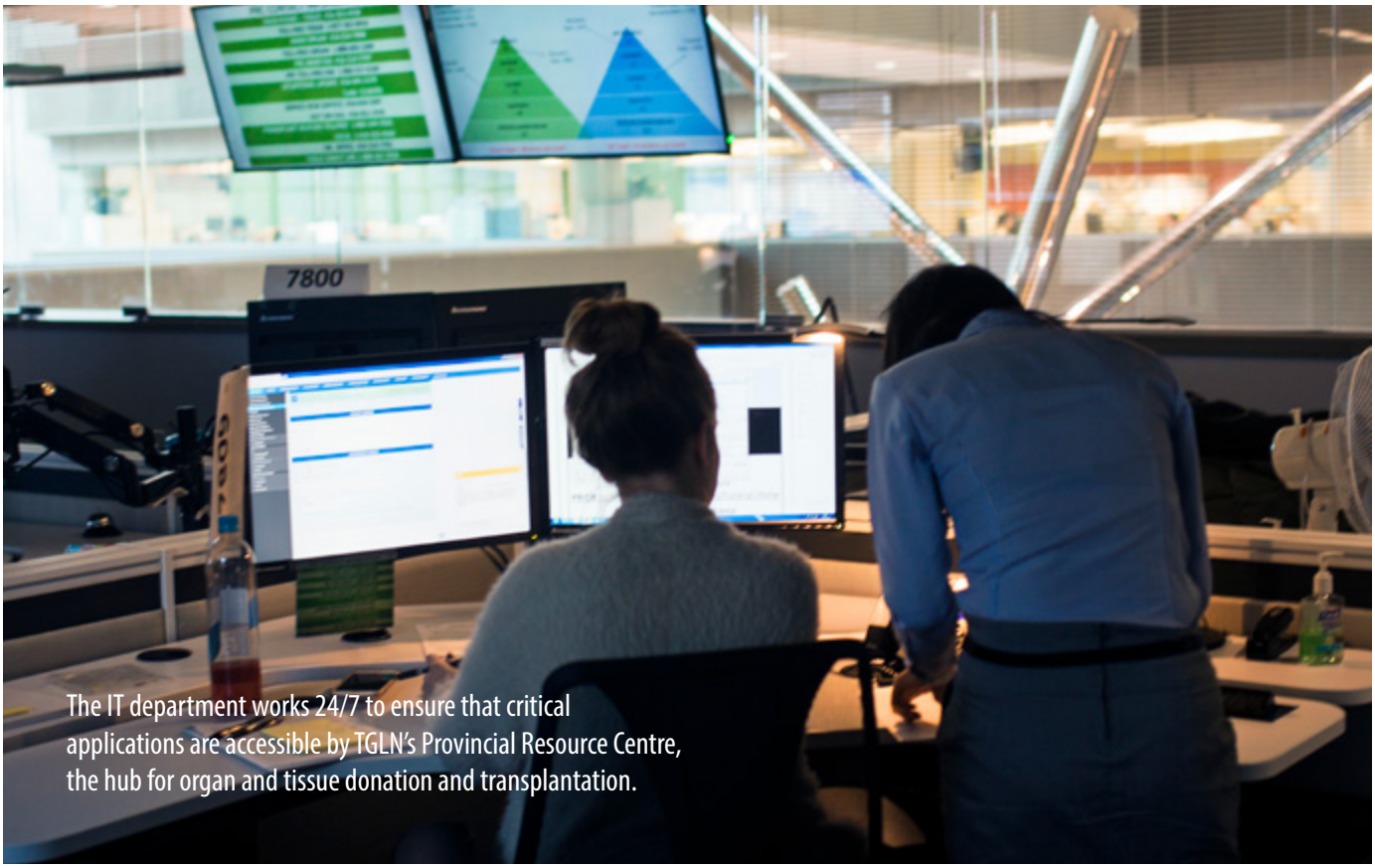
Business Continuity and Resiliency

To strengthen business continuity, TGLN implemented two fibre-optic links that connect TGLN offices in downtown Toronto to the data centre in Markham. This connection ensures quick and reliable access to IT services, increases bandwidth capacity and protects against internet connectivity failure.

Supporting Research in Organ and Tissue Donation and Transplantation

In 2017/18, TGLN established a new Research Program to address the increase in the number of research projects and data requests supported by the organization. A Research Medical Advisor and Program Manager were recruited and a Research and Data Request Committee was created. A formalized process was also implemented to efficiently assess and track each research proposal or data request from receipt through project closure and publication.

The new Research Program at TGLN is the first program of its kind among organ donation agencies in Canada. Since July 2017, through a partnership with researchers and research organizations in Ontario and across Canada, TGLN has provided 15 consultations and completed 19 complex data/research requests. TGLN currently supports 18 ongoing research studies and is working through five data/research requests in development. These research studies and requests, in concert with data sharing with external partners, facilitate the promotion and advancement of donation and transplantation innovation in Ontario.



The IT department works 24/7 to ensure that critical applications are accessible by TGLN's Provincial Resource Centre, the hub for organ and tissue donation and transplantation.

OBJECTIVE 7

Build a work environment that fosters staff engagement.

TGLN's reception area proudly displays the organization's mission.

New Space and Consolidation

In 2017/18, TGLN made real strides in enhancing its work environment to bolster staff engagement.

In June 2017, TGLN moved into a new office space enabling consolidation of operations and services previously provided through three different sites, as well as an expanded mandate to support tissue recovery. The new office space has been transformational for the organization, providing a modern and comfortable workspace for staff and facilitating improved productivity and greater collaboration. The design of the new workspace brings a culture of donation to life with TGLN's mission and values at the forefront.

Attracting, Developing and Engaging Employees

The heartbeat of TGLN is its employees. In 2017/18, TGLN made significant progress in developing its people managers. TGLN's management team engaged in a robust 360 degree feedback review, which, coupled with new competencies in their annual performance review, will elevate the performance of TGLN's strong group of leaders.

Also, with the organization's continuing rapid growth and expanded responsibility in tissue recovery, TGLN strengthened recruitment efforts by showcasing employees, and branding TGLN as a life-saving employer with an inspiring mandate. In addition, a new corporate orientation program was introduced to maximize the success of TGLN's new talent, by helping them gain an understanding of the organization's goals and objectives and how their role contributes to the broader TGLN team.

In an effort to enhance TGLN's occupational health safety program, TGLN created an employee wellness committee and worked with occupational health and safety experts to drive improvement.

TGLN employees at a staff meeting.

ADAM

Donor

"My son's final act of love is both consoling and overwhelming. I am now an advocate for organ and tissue donation, I never tire talking about Adam."

Donor father

Despite being diagnosed with epilepsy at 5, Adam demonstrated a fun-loving, energetic personality from an early age. He was a natural performer and hockey goalie. At 17, just one year after receiving his driver's license and registering consent for organ and tissue donation, Adam began having grand mal seizures. Following two brain surgeries, including one to access trigger points that caused his seizures, Adam, at 22, drowned in a hot tub after an epileptic fit. Adam hadn't hesitated to register as an organ donor when receiving his driver's license and his parents were well aware of the long list of people in need of a transplant; this made the decision for him to be an organ donor less burdensome. Three weeks after his death, Adam's family learned that four people received life-saving transplants because of his generosity.

APPENDIX 1 - TABLES AND FIGURES

Table 1: Tissue Donation By Tissue Type

Tissue Donation	FY 2017/18	FY 2016/17	FY 2015/16
Tissue Donors	2,154	2,246	2,268
Ocular Donors	2,127	2,219	2,234
Skin Donations	56	55	87
Heart Valve Donations	53	31	63
Bone Donations	101	97	129
Tissue Consent Rate	49%	51%	50%

Table 2: Deceased Organ Donors, Tissue Donors, Conversion Rate and Routine Notification Rate by Hospital for 2017/18

Hospital	Routine Notification Rate* Q1- Q4	Conversion Rate for Organ Donors Q1- Q4	Organ Donors	Tissue Donors
Greater Toronto Region	**96%**	**45%**	**135**	**798**
Halton Healthcare	92%	33%	4	54
Humber River Hospital	98%	20%	3	17
Joseph Brant Hospital	96%	50%	1	12
Lakeridge Health	97%	55%	6	117
Mackenzie Health	95%	18%	2	18
Markham Stouffville Hospital	97%	50%	1	23
Michael Garron Hospital	91%	67%	2	32
North York General Hospital	96%	57%	4	26
Scarborough and Rouge Hospital	97%	28%	7	62
Sinai Health System	95%	0%	0	16
Southlake Regional Health Centre	96%	50%	6	51
St. Joseph's Health Centre	95%	31%	4	19
St. Michael's Hospital	87%	71%	20	44
Sunnybrook Health Sciences Centre	91%	49%	19	61
The Hospital for Sick Children	96%	50%	6	7
Trillium Health Partners	98%	39%	17	100
University Health Network	99%	44%	16	78
William Osler Health System	98%	61%	17	61
Simcoe Muskoka Region	**97%**	**80%**	**4**	**90**
Collingwood General & Marine Hospital	97%	--	0	6
Georgian Bay General Hospital	97%	--	0	12

*Both organ and tissue

(Continued on page 25)

Table 2: Deceased Organ Donors, Tissue Donors, Conversion Rate and Routine Notification Rate by Hospital for 2017/18 (Continued from page 24)

Hospital	Routine Notification Rate* Q1- Q4	Conversion Rate for Organ Donors Q1- Q4	Organ Donors	Tissue Donors
Headwaters Health Care Centre	94%	--	0	0
Muskoka Algonquin Healthcare	95%	--	0	14
Orillia Soldiers' Memorial Hospital	96%	100%	2	14
Royal Victoria Regional Health Centre	98%	67%	2	44
Eastern Region	**94%**	**75%**	**53**	**397**
Brockville General Hospital	92%	--	0	20
Children's Hospital of Eastern Ontario	100%	0%	0	1
Cornwall Community Hospital	92%	50%	1	9
Hawkesbury & District General Hospital	80%	--	0	0
Hôpital Montfort	91%	33%	1	17
Kingston Health Sciences Centre	99%	55%	6	58
Lennox & Addington County General Hospital	73%	--	0	0
Northumberland Hills Hospital	88%	--	0	15
Pembroke Regional Hospital	100%	100%	1	6
Peterborough Regional Health Centre	94%	78%	7	76
Queensway-Carleton Hospital	88%	100%	2	27
Quinte Health Care	85%	0%	0	25
Ross Memorial Hospital	93%	--	0	23
The Ottawa Hospital	98%	89%	32	105
University of Ottawa Hearth Institute	99%	100%	3	15
Northern Region	**95%**	**70%**	**21**	**107**
Health Sciences North	99%	100%	7	43
Kirkland & District Hospital	100%	--	0	0
Lake of the Woods District Hospital	83%	--	0	0
North Bay Regional Health Centre	98%	100%	2	26
Sault Area Hospital	93%	75%	3	8
St. Joseph's General Hospital Elliot Lake	80%	--	0	0
Thunder Bay Regional Health Sciences Centre	95%	46%	6	11
Timmins & District Hospital	95%	75%	3	19
West Nipissing General Hospital	86%	--	0	0
West Parry Sound Health Centre	78%	--	0	0
Southwestern Region	**95%**	**69%**	**122**	**618**
Bluewater Health	98%	0%	0	19
Brant Community Healthcare System	96%	29%	2	32

*Both organ and tissue

(Continued on page 26)

Table 2: Deceased Organ Donors, Tissue Donors, Conversion Rate and Routine Notification Rate by Hospital for 2017/18 (Continued from page 25)

Hospital	Routine Notification Rate* Q1- Q4	Conversion Rate for Organ Donors Q1- Q4	Organ Donors	Tissue Donors
Cambridge Memorial Hospital	97%	50%	1	20
Chatham-Kent Health Alliance	97%	67%	2	13
Erie Shores Healthcare	93%	--	0	1
Grand River Hospital	96%	90%	9	55
Grey Bruce Health Services	96%	100%	2	14
Guelph General Hospital	93%	40%	2	15
Hamilton Health Sciences	96%	63%	29	75
Huron Perth Health Alliance	96%	67%	2	15
London Health Sciences Centre	93%	60%	21	111
Middlesex Hospital Alliance	88%	--	0	0
Niagara Health	97%	72%	13	93
Norfolk General Hospital	89%	--	0	0
St. Joseph Healthcare Hamilton	94%	50%	2	28
St. Mary's General Hospital	99%	78%	7	30
St. Thomas Elgin General Hospital	99%	100%	1	18
Tillsonburg District Memorial Hospital	71%	--	0	0
Windsor Regional Hospital	96%	91%	29	70
Woodstock General Hospital	91%	--	0	9
Others			0	144
Others			0	144
TOTAL	**95%**	**57%**	**335**	**2,154**

*Both organ and tissue

Table 3: Organ Donors from Ontario and Out-of-Province

Type of Donor	FY 2017/18	FY 2016/17	FY 2015/16
Deceased Donors from Ontario	335	354	296
NDD Donors from Ontario	232	242	198
DCD Donors from Ontario	103	112	98
Living Donors from Ontario	270	242	281
All Ontario Donors	605	596	577
Deceased Donors from Other Canadian Provinces	99	93	86
Deceased Donors from the United States	20	10	13
All Out-of-Province Donors	119	103	99

Definitions: **NDD**: Neurological determination of death **DCD:** Death after circulatory determination

Table 4: Number of Organs Recovered and Transplanted from Deceased Donors in Ontario

Organ	FY 2017/18			FY 2016/17			FY 2015/16		
	From NDD Donors	From DCD Donors	Total	From NDD Donors	From DCD Donors	Total	From NDD Donors	From DCD Donors	Total
Heart	84	0	84	75	0	75	70	0	70
Kidney	356	162	518	369	183	552	303	166	469
Liver	182	19	201	187	24	211	155	27	182
Lung	171	55	226	179	50	229	98	54	152
Pancreas - Islets	22	6	28	50	6	56	25	6	31
Pancreas - Whole	33	2	35	37	7	44	39	8	47
Small Bowel	0	0	0	1	0	1	1	0	1
Total	**848**	**244**	**1,092**	**898**	**270**	**1,168**	**691**	**261**	**952**

Note: Organs are counted as in calculation of organ yield.

Table 5: Organ Transplant Yield per Deceased Donor in Ontario

Donor Type	FY 2017/18		FY 2016/17		FY 2015/16	
	Number of Donors	Organ Yield	Number of Donors	Organ Yield	Number of Donors	Organ Yield
DCD	103	2.37	112	2.41	98	2.66
NDD	232	3.66	242	3.71	198	3.49
Total	**335**	**3.26**	**354**	**3.30**	**296**	**3.22**

Organ Utilization			
Organ Type	FY 2017/18	FY 2016/17	FY 2015/16
Heart	25%	21%	24%
Kidney	77%	78%	79%
Liver	60%	59%	61%
Lung	34%	32%	26%
Pancreas - Islets	8%	16%	10%
Pancreas - Whole	10%	12%	16%
Small Bowel	0%	0%	0%

Table 6: Organ Transplants in Ontario from Deceased (Provincial and Non-Provincial) and Living Donors from Ontario

Organ/s Transplanted	FY 2017/18	FY 2016/17	FY 2015/16
Kidney from Deceased Donors	467	500	416
Kidney from Living Donors	218	198	224
Liver from Deceased Donors	208	209	189
Liver from Living Donors	52	44	57
Heart	86	89	83
Lung	174	149	128
Pancreas (Whole)	20	22	22
Small Bowel	0	0	1
Kidney/Pancreas	26	36	40
Heart/Lung	3	0	0
Liver/Kidney	8	7	11
Liver/Heart	0	0	0
Liver/Bowel	0	1	1
Liver/Lung	1	1	1
Liver/Pancreas	0	0	0
VCA	0	0	1
Total	**1,263**	**1,256**	**1,174**

Table 7: Waiting List for Organ Transplants

Organ	March 31, 2018	March 31, 2017	March 31, 2016
Kidney	1,095	1,121	1,147
Liver	227	237	225
Heart	38	45	57
Lung	49	62	65
Pancreas (Whole)	10	16	16
Small Bowel	1	1	1
Kidney/Pancreas	71	64	64
Other*	23	12	10
Total	**1,514**	**1,558**	**1,585**

* Other includes Liver/Bowel, Liver/Kidney, Liver/Heart, Liver/Lung, Liver/Pancreas, Liver/Small Bowel/Kidney, Kidney/Small Bowel, Liver Kidney/Pancreas, Heart/Kidney, Heart/Lung, and Lung/Kidney

Table 8: Deceased Organ Donation Funding to Hospitals (April 1, 2017 - March 31, 2018)

Corporation	Phase 1		Phase 2		Phase 3		Total Amount
	# Cases	Amount	# Cases	Amount	# Cases	Amount	
Bluewater Health	**8**	**$6,400**	**4**	**$8,200**	**1**	**$3,150**	**$17,750**
Bluewater Health - Sarnia/Norman Site	8	$6,400	4	$8,200	1	$3,150	$17,750
Brant Community Healthcare System	**13**	**$10,400**	**6**	**$12,300**	**3**	**$9,450**	**$32,150**
Brantford General Hospital	13	$10,400	6	$12,300	3	$9,450	$32,150
Brockville General Hospital	**3**	**$2,400**	**1**	**$2,050**	**0**	**$0**	**$4,450**
Brockville General Hospital	3	$2,400	1	$2,050	0	$0	$4,450
Cambridge Memorial Hospital	**6**	**$4,800**	**4**	**$8,200**	**1**	**$3,150**	**$16,150**
Cambridge Memorial Hospital	6	$4,800	4	$8,200	1	$3,150	$16,150
Chatham-Kent Health Alliance	**8**	**$6,400**	**3**	**$6,150**	**2**	**$6,300**	**$18,850**
Chatham-Kent Health Alliance	8	$6,400	3	$6,150	2	$6,300	$18,850
Children's Hospital Of Eastern Ontario	**3**	**$2,400**	**1**	**$2,050**	**1**	**$3,150**	**$7,600**
Children's Hospital Of Eastern Ontario	3	$2,400	1	$2,050	1	$3,150	$7,600
Cornwall Community Hospital	**2**	**$1,600**	**1**	**$2,050**	**1**	**$3,150**	**$6,800**
Cornwall Community Hospital	2	$1,600	1	$2,050	1	$3,150	$6,800
Georgian Bay General Hospital	**3**	**$2,400**	**0**	**$0**	**0**	**$0**	**$2,400**
Georgian Bay General Hospital - Midland Site	3	$2,400	0	$0	0	$0	$2,400
Grand River Hospital	**22**	**$17,600**	**13**	**$26,650**	**9**	**$28,350**	**$72,600**
Grand River Hospital	22	$17,600	13	$26,650	9	$28,350	$72,600
Grey Bruce Health Services	**11**	**$8,800**	**5**	**$10,250**	**2**	**$6,300**	**$25,350**
Owen Sound Hospital	11	$8,800	5	$10,250	2	$6,300	$25,350
Guelph General Hospital	**8**	**$6,400**	**2**	**$4,100**	**2**	**$6,300**	**$16,800**
Guelph General Hospital	8	$6,400	2	$4,100	2	$6,300	$16,800
Halton Healthcare	**17**	**$13,600**	**10**	**$20,500**	**6**	**$18,900**	**$53,000**
Milton District Hospital	5	$4,000	4	$8,200	0	$0	$12,200
Oakville Trafalgar Memorial Hospital	11	$8,800	6	$12,300	6	$18,900	$40,000
Georgetown Hospital	1	$800	0	$0	0	$0	$800
Hamilton Health Sciences	**84**	**$67,200**	**58**	**$118,900**	**35**	**$110,250**	**$296,350**
Hamilton General Hospital	74	$59,200	51	$104,550	30	$94,500	$258,250
McMaster Children's Hospital	7	$5,600	5	$10,250	4	$12,600	$28,450
Juravinski Hospital	3	$2,400	2	$4,100	1	$3,150	$9,650
Headwaters Health Care Centre	**3**	**$2,400**	**0**	**$0**	**0**	**$0**	**$2,400**
Headwaters Health Care Centre	3	$2,400	0	$0	0	$0	$2,400
Health Sciences North	**39**	**$31,200**	**20**	**$41,000**	**9**	**$28,350**	**$100,550**
Health Sciences North	39	$31,200	20	$41,000	9	$28,350	$100,550
Hôpital Montfort	**7**	**$5,600**	**5**	**$10,250**	**2**	**$6,300**	**$22,150**
Hôpital Montfort	7	$5,600	5	$10,250	2	$6,300	$22,150

(Continued on page 30)

Table 8: Deceased Organ Donation Funding to Hospitals (April 1, 2017 - March 31, 2018) (Continued from page 29)

Corporation	Phase 1		Phase 2		Phase 3		Total Amount
	# Cases	Amount	# Cases	Amount	# Cases	Amount	
Humber River Hospital	**21**	**$16,800**	**7**	**$14,350**	**4**	**$12,600**	**$43,750**
Humber River Hospital	21	$16,800	7	$14,350	4	$12,600	$43,750
Huron Perth Healthcare Alliance	**5**	**$4,000**	**3**	**$6,150**	**2**	**$6,300**	**$16,450**
Stratford General Hospital	4	$3,200	3	$6,150	2	$6,300	$15,650
Clinton Public Hospital	1	$800	0	$0	0	$0	$800
Joseph Brant Hospital	**7**	**$5,600**	**3**	**$6,150**	**1**	**$3,150**	**$14,900**
Joseph Brant Hospital	7	$5,600	3	$6,150	1	$3,150	$14,900
Kingston Health Sciences Centre	**38**	**$30,400**	**19**	**$38,950**	**11**	**$34,650**	**$104,000**
Kingston General Hospital	38	$30,400	19	$38,950	11	$34,650	$104,000
Kirkland & District Hospital	**2**	**$1,600**	**1**	**$2,050**	**0**	**$0**	**$3,650**
Kirkland & District Hospital	2	$1,600	1	$2,050	0	$0	$3,650
Lake Of The Woods District Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Lake Of The Woods District Hospital	1	$800	0	$0	0	$0	$800
Lakeridge Health	**29**	**$23,200**	**13**	**$26,650**	**7**	**$22,050**	**$71,900**
Lakeridge Health Oshawa	21	$16,800	10	$20,500	6	$18,900	$56,200
Lakeridge Health Bowmanville	1	$800	0	$0	0	$0	$800
Lakeridge Health Ajax Pickering	7	$5,600	3	$6,150	1	$3,150	$14,900
Erie Shores Healthcare	**2**	**$1,600**	**0**	**$0**	**0**	**$0**	**$1,600**
Erie Shores Healthcare	2	$1,600	0	$0	0	$0	$1,600
London Health Sciences Centre	**89**	**$71,200**	**45**	**$92,250**	**26**	**$81,900**	**$245,350**
University Hospital	49	$39,200	26	$53,300	17	$53,550	$146,050
Victoria Hospital	30	$24,000	13	$26,650	5	$15,750	$66,400
Children's Hospital	10	$8,000	6	$12,300	4	$12,600	$32,900
Mackenzie Health	**14**	**$11,200**	**3**	**$6,150**	**2**	**$6,300**	**$23,650**
Mackenzie Health	14	$11,200	3	$6,150	2	$6,300	$23,650
Markham Stouffville Hospital	**6**	**$4,800**	**4**	**$8,200**	**3**	**$9,450**	**$22,450**
Markham Stouffville Hospital	6	$4,800	4	$8,200	3	$9,450	$22,450
Michael Garron Hospital	**15**	**$12,000**	**11**	**$22,550**	**3**	**$9,450**	**$44,000**
Michael Garron Hospital	15	$12,000	11	$22,550	3	$9,450	$44,000
Middlesex Hospital Alliance	**1**	**$800**	**1**	**$2,050**	**0**	**$0**	**$2,850**
Strathroy Middlesex General Hospital	1	$800	1	$2,050	0	$0	$2,850
Muskoka Algonquin Healthcare	**2**	**$1,600**	**1**	**$2,050**	**0**	**$0**	**$3,650**
South Muskoka Memorial Hospital	2	$1,600	1	$2,050	0	$0	$3,650
Niagara Health	**29**	**$23,200**	**23**	**$47,150**	**14**	**$44,100**	**$114,450**
Niagara Health - Greater Niagara General Site	14	$11,200	10	$20,500	7	$22,050	$53,750

(Continued on page 31)

Table 8: Deceased Organ Donation Funding to Hospitals (April 1, 2017 - March 31, 2018) (Continued from page 30)

Corporation	Phase 1		Phase 2		Phase 3		Total Amount
	# Cases	Amount	# Cases	Amount	# Cases	Amount	
Niagara Health - St. Catharines Site	11	$8,800	10	$20,500	6	$18,900	$48,200
Niagara Health - Welland Site	4	$3,200	3	$6,150	1	$3,150	$12,500
North Bay Regional Health Centre	**6**	**$4,800**	**3**	**$6,150**	**2**	**$6,300**	**$17,250**
North Bay Regional Health Centre	6	$4,800	3	$6,150	2	$6,300	$17,250
North York General Hospital	**17**	**$13,600**	**13**	**$26,650**	**6**	**$18,900**	**$59,150**
North York General Hospital	17	$13,600	13	$26,650	6	$18,900	$59,150
Northumberland Hills Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Northumberland Hills Hospital	1	$800	0	$0	0	$0	$800
Orillia Soldiers' Memorial Hospital	**5**	**$4,000**	**5**	**$10,250**	**3**	**$9,450**	**$23,700**
Orillia Soldiers' Memorial Hospital	5	$4,000	5	$10,250	3	$9,450	$23,700
Pembroke Regional Hospital	**2**	**$1,600**	**2**	**$4,100**	**2**	**$6,300**	**$12,000**
Pembroke Regional Hospital	2	$1,600	2	$4,100	2	$6,300	$12,000
Peterborough Regional Health Centre	**25**	**$20,000**	**16**	**$32,800**	**8**	**$25,200**	**$78,000**
Peterborough Regional Health Centre	25	$20,000	16	$32,800	8	$25,200	$78,000
Queensway-Carleton Hospital	**10**	**$8,000**	**4**	**$8,200**	**2**	**$6,300**	**$22,500**
Queensway Carleton Hospital	10	$8,000	4	$8,200	2	$6,300	$22,500
Quinte Healthcare Corporation	**9**	**$7,200**	**3**	**$6,150**	**1**	**$3,150**	**$16,500**
Belleville General Hospital	9	$7,200	3	$6,150	1	$3,150	$16,500
Ross Memorial Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Ross Memorial Hospital	1	$800	0	$0	0	$0	$800
Royal Victoria Regional Health Centre	**15**	**$12,000**	**5**	**$10,250**	**3**	**$9,450**	**$31,700**
Royal Victoria Regional Health Centre	15	$12,000	5	$10,250	3	$9,450	$31,700
Sault Area Hospital	**12**	**$9,600**	**6**	**$12,300**	**3**	**$9,450**	**$31,350**
Sault Area Hospital	12	$9,600	6	$12,300	3	$9,450	$31,350
Scarborough and Rouge Hospital	**37**	**$29,600**	**19**	**$38,950**	**9**	**$28,350**	**$96,900**
Scarborough and Rouge Hospital - Centenary Site	15	$12,000	7	$14,350	5	$15,750	$42,100
Scarborough and Rouge Hospital - General Site	17	$13,600	9	$18,450	2	$6,300	$38,350
Scarborough and Rouge Hospital - Birchmount Site	5	$4,000	3	$6,150	2	$6,300	$16,450
Southlake Regional Health Centre	**20**	**$16,000**	**10**	**$20,500**	**8**	**$25,200**	**$61,700**
Southlake Regional Health Centre	20	$16,000	10	$20,500	8	$25,200	$61,700
St. Joseph's Health Centre	**16**	**$12,800**	**7**	**$14,350**	**4**	**$12,600**	**$39,750**
St Joseph's Health Centre	16	$12,800	7	$14,350	4	$12,600	$39,750

(Continued on page 32)

Table 8: Deceased Organ Donation Funding to Hospitals (April 1, 2017 - March 31, 2018) (Continued from page 31)

Corporation	Phase 1		Phase 2		Phase 3		Total Amount
	# Cases	Amount	# Cases	Amount	# Cases	Amount	
St. Joseph's Healthcare Hamilton	**10**	**$8,000**	**5**	**$10,250**	**2**	**$6,300**	**$24,550**
St. Joseph's Healthcare Hamilton	10	$8,000	5	$10,250	2	$6,300	$24,550
St. Mary's General Hospital	**17**	**$13,600**	**13**	**$26,650**	**9**	**$28,350**	**$68,600**
St. Mary's General Hospital	17	$13,600	13	$26,650	9	$28,350	$68,600
St. Michael's Hospital	**63**	**$50,400**	**46**	**$94,300**	**25**	**$78,750**	**$223,450**
St. Michael's Hospital	63	$50,400	46	$94,300	25	$78,750	$223,450
St. Thomas Elgin General Hospital	**5**	**$4,000**	**1**	**$2,050**	**1**	**$3,150**	**$9,200**
St. Thomas Elgin General Hospital	5	$4,000	1	$2,050	1	$3,150	$9,200
Sunnybrook Health Sciences Centre	**57**	**$45,600**	**39**	**$79,950**	**24**	**$75,600**	**$201,150**
Sunnybrook Health Sciences Centre	57	$45,600	39	$79,950	24	$75,600	$201,150
The Hospital For Sick Children	**22**	**$17,600**	**10**	**$20,500**	**6**	**$18,900**	**$57,000**
The Hospital For Sick Children	22	$17,600	10	$20,500	6	$18,900	$57,000
The Ottawa Hospital	**72**	**$57,600**	**46**	**$94,300**	**36**	**$113,400**	**$265,300**
The Ottawa Hospital - Civic Campus	61	$48,800	42	$86,100	34	$107,100	$242,000
The Ottawa Hospital - General Campus	11	$8,800	4	$8,200	2	$6,300	$23,300
Thunder Bay Regional Health Sciences Centre	**26**	**$20,800**	**11**	**$22,550**	**7**	**$22,050**	**$65,400**
Thunder Bay Regional Health Sciences Centre	26	$20,800	11	$22,550	7	$22,050	$65,400
Tillsonburg District Memorial Hospital	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
Tillsonburg District Memorial	1	$800	0	$0	0	$0	$800
Timmins & District Hospital	**7**	**$5,600**	**4**	**$8,200**	**3**	**$9,450**	**$23,250**
Timmins & District Hospital	7	$5,600	4	$8,200	3	$9,450	$23,250
Trillium Health Partners	**83**	**$66,400**	**42**	**$86,100**	**23**	**$72,450**	**$224,950**
The Credit Valley Hospital	23	$18,400	14	$28,700	6	$18,900	$66,000
Mississauga Hospital	60	$48,000	28	$57,400	17	$53,550	$158,950
University Health Network	**61**	**$48,800**	**42**	**$86,100**	**21**	**$66,150**	**$201,050**
Toronto General Hospital	22	$17,600	14	$28,700	7	$22,050	$68,350
Toronto Western Hospital	39	$31,200	28	$57,400	14	$44,100	$132,700
University of Ottawa Heart Institute	**10**	**$8,000**	**8**	**$16,400**	**4**	**$12,600**	**$37,000**
University of Ottawa Heart Institute	10	$8,000	8	$16,400	4	$12,600	$37,000
West Parry Sound Health Centre	**1**	**$800**	**0**	**$0**	**0**	**$0**	**$800**
West Parry Sound Health Centre	1	$800	0	$0	0	$0	$800
William Osler Health System	**57**	**$45,600**	**31**	**$63,550**	**23**	**$72,450**	**$181,600**
Brampton Civic Hospital	44	$35,200	26	$53,300	19	$59,850	$148,350
Etobicoke General Hospital	13	$10,400	5	$10,250	4	$12,600	$33,250

(Continued on page 33)

Table 8: Deceased Organ Donation Funding to Hospitals (April 1, 2017 - March 31, 2018) (Continued from page 32)

Corporation	Phase 1		Phase 2		Phase 3		Total Amount
	# Cases	Amount	# Cases	Amount	# Cases	Amount	
Windsor Regional Hospital	**70**	**$56,000**	**54**	**$110,700**	**35**	**$110,250**	**$276,950**
Windsor Regional Hospital - Metropolitan Campus	15	$12,000	8	$16,400	2	$6,300	$34,700
Windsor Regional Hospital- Ouellette Campus	55	$44,000	46	$94,300	33	$103,950	$242,250
Woodstock General Hospital	**3**	**$2,400**	**3**	**$6,150**	**1**	**$3,150**	**$11,700**
Woodstock General Hospital	3	$2,400	3	$6,150	1	$3,150	$11,700
Grand Total	**1239**	**$991,200**	**715**	**$1,465,750**	**418**	**$1,316,700**	**$3,773,650**

Figure 1: Percent of Registered Donors (among 16+ health card holders) (March 31, 2011 - March 31, 2018)

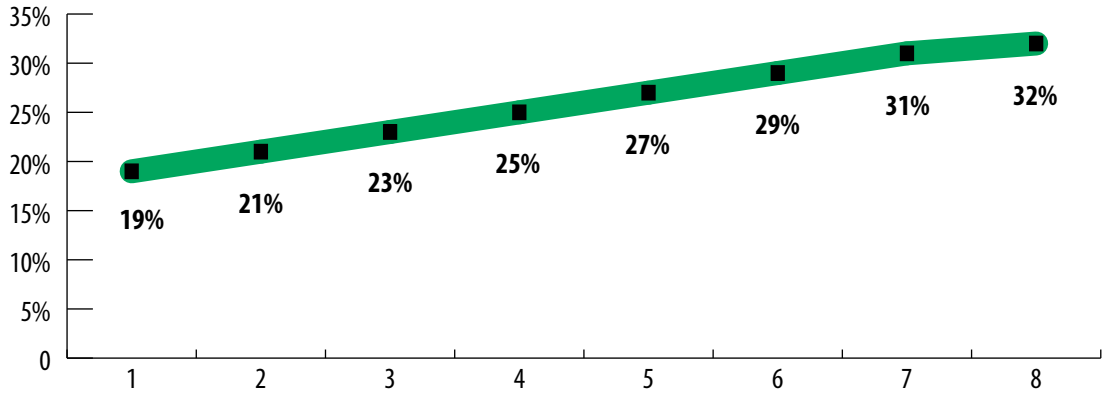
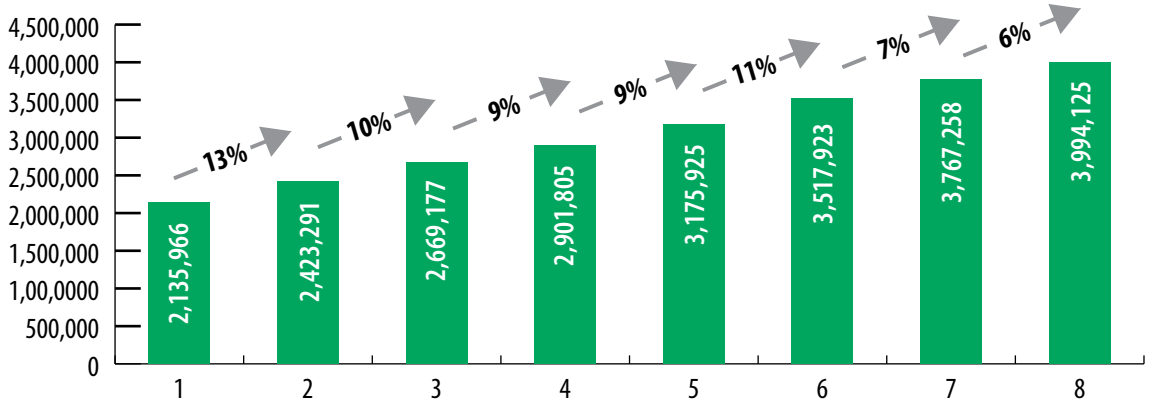


Figure 2: Growth in Registered Donors (March 31, 2011 - March 31, 2018)



APPENDIX II

Board Of Directors - Order in Council – Appointments & Renewals

Board of Directors	Tenure	Re-Appointment	Renewal Due (4 months in advance)	Term Expires
Rabbi Dr. Reuven P. Bulka (Chair)	December 1 , 2004 to May 31, 2020 Designated as Chair on June 5, 2007	June 1, 2017	February 29, 2020	June 1, 2020
Christine Clark Lafleur	September 3, 2008 to September 2, 2018	September 3, 2015	May 2, 2018	September 3, 2018
Dr. Kenneth Pritzker	March 3, 2010 to March 2, 2020	March 3, 2017	November 2, 2019	March 3, 2020
Dr. Vivek Rao	November 14, 2012 to November 13, 2019	November 14, 2016	July 13, 2019	November 14, 2019
James Martin Ritchie	January 9, 2013 to January 8, 2020	January 9, 2017	September 8, 2019	January 9, 2020
Paulina Mirsky	September 8, 2014 to September 7, 2020		May 8, 2020	September 8, 2020
Michael Galego	October 21, 2015 to October 20, 2018		June 21, 2018	October 21, 2018
Jessica Smith	October 28, 2015 to October 27, 2018		June 28, 2018	October 28, 2018
Douglas Ferguson	September 14, 2016 to September 13, 2019		May 13, 2019	September 14, 2019
Anne Atkinson	November 28, 2016 to November 27, 2019		July 27, 2019	November 28, 2019
Samuel S. Marr	March 1, 2017 to February 29, 2020		October 29, 2019	March 1, 2020

APPENDIX III

TGLN Management Group

Name	Title
Amin Remtulla	Chief Information Officer
Anjeet Bhogal	Operations & Privacy Manager
Anne Howarth	Manager, Hospital Programs
Brent Browett	Director, Tissue
Clare Payne	Vice President, Clinical Transplant Systems
Courtney Barton	Manager, Human Resources
Dan Tsujiuchi	Manager, Finance
David Bishop	Manager, Education & Professional Practice
Diana Hallett	Manager, Provincial Resource Centre - Organ
Janet MacLean	Vice President, Clinical Donation Services
Janice Beitel	Director, Hospital Programs, Education & Professional Practice
Johann Govindaraj	Manager, Change Control & Infrastructure
John Hanright	Director, Quality Assurance & Improvement
Karen Johnson	Director, Hospital Programs
Karyn Hyjek	Director, Communications
Keith Wong	Director, Infrastructure & Operations
Leanne Gray	Director, Human Resources
Margaret Barng	Manager, Communications
Natalie Smigielski	Manager, Provincial Resource Centre - Tissue
Rajeev Ahooja	IT Project Manager
Rob Sanderson	Manager, Hospital Programs
Ronnie Gavsie	President & CEO
Sasha Rice	Manager, Recovery - Tissue
Shilpa Sharma	Manager, Communications
Teresa Almeida	Director, Application Development
Tony Nacev	Director, Finance & Administration
Vanessa Blount	Director, Policy, Education & Professional Practice
Versha Prakash	Chief Operating Officer
Vijay Seecharan	Manager, IT Project Office
Dr. Andrew Healey	Chief Medical Officer, Donation
Dr. Jeffrey Zaltzman	Chief Medical Officer, Transplant

Trillium Gift of Life Network is committed to full transparency. For further information, please visit www.giftoflife.on.ca.

Trillium Gift of Life Network

Financial statements
March 31, 2018

Independent auditors' report

To the Members of
Trillium Gift of Life Network

We have audited the accompanying financial statements of **Trillium Gift of Life Network**, which comprise the statement of financial position as at March 31, 2018 and the statements of operations, changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditors consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of **Trillium Gift of Life Network** as at March 31, 2018 and the results of its operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Ernst & Young LLP

Chartered Professional Accountants
Licensed Public Accountants

Toronto, Canada
June 18, 2018

Trillium Gift of Life Network

Statement of financial position

As at March 31

	2018 $	2017 $
Assets		
Current		
Cash and cash equivalents	**15,889,646**	11,227,348
HST recoverable	**1,275,663**	699,968
Other receivables	**282,271**	7,653
Prepaid expenses	**361,150**	226,652
Total current assets	**17,808,730**	12,161,621
Capital assets, net *[note 3]*	**6,005,916**	4,239,512
	23,814,646	16,401,133
Liabilities and net assets		
Current		
Accounts payable and accrued liabilities	**15,134,424**	10,290,202
Due to the Ministry of Health and Long-Term Care *[note 4]*	**760,069**	800,710
Current portion of tenant inducement *[note 6]*	**102,065**	—
Total current liabilities	**15,996,558**	11,090,912
Deferred funding for capital assets *[note 5]*	**5,578,233**	3,968,317
Tenant inducement *[note 6]*	**825,026**	—
Total liabilities	**22,399,817**	15,059,229
Commitments *[note 11]*		
Net assets		
Unrestricted	**711,707**	635,998
Board restricted *[note 7]*	**703,122**	705,906
Total net assets	**1,414,829**	1,341,904
	23,814,646	16,401,133

See accompanying notes

On behalf of the Board:

Director

Director

Trillium Gift of Life Network

Statement of operations

Year ended March 31

	2018 $	2017 $
Revenue		
Ontario Ministry of Health and Long-Term Care *[note 4]*		
Operations	**37,906,074**	33,026,164
Transportation Services to Support Organ & Tissue Donation Managed Fund	**4,120,000**	3,178,000
Deceased Organ Donation Managed Fund	**3,453,200**	3,453,200
EyeBank Managed Fund	**2,185,814**	—
Regenmed Managed Fund	**680,000**	680,000
TPER Managed Fund	**409,178**	236,676
Standard Acquisition Fees	**262,500**	262,458
PRELOD Managed Fund	**166,066**	193,941
Amortization of deferred funding for capital assets *[note 5]*	**884,303**	270,402
Donations *[note 7]*	**108,613**	112,015
Interest income	**75,709**	50,741
	50,251,457	41,463,597
Expenses		
Salaries and employee benefits *[note 8]*	**24,915,338**	22,083,108
Transportation Services to Support Organ & Tissue Donation Managed Fund	**4,860,892**	4,183,869
Deceased Organ Donation Managed Fund	**3,829,375**	3,793,764
Medical supplies	**3,498,453**	2,811,746
General and administrative *[note 9]*	**2,936,239**	2,360,815
Communications	**2,298,977**	1,927,407
EyeBank Managed Fund	**2,185,814**	—
Information systems	**1,354,596**	1,250,380
Office rent and maintenance *[note 6]*	**1,624,590**	1,135,278
Amortization of capital assets	**1,045,116**	384,563
Regenmed Managed Fund	**680,000**	680,000
TPER Managed Fund	**409,178**	236,676
Standard Acquisition Fees	**262,500**	262,458
PRELOD Managed Fund	**166,066**	196,041
Research	**111,398**	—
	50,178,532	41,306,105
Excess of revenue over expenses for the year	**72,925**	157,492

See accompanying notes

Trillium Gift of Life Network

Statement of changes in net assets

Year ended March 31

	2018		
	Unrestricted	**Board restricted**	**Total**
	$	$	$
Net assets, beginning of year	**635,998**	**705,906**	**1,341,904**
Excess of revenue over expenses for the year	**72,925**	**—**	**72,925**
Interfund transfers, net *[note 7]*	**2,784**	**(2,784)**	**—**
Net assets, end of year	**711,707**	**703,122**	**1,414,829**

	2017		
	Unrestricted	**Board restricted**	**Total**
	$	$	$
Net assets, beginning of year	590,521	593,891	1,184,412
Excess of revenue over expenses for the year	157,492	—	157,492
Interfund transfers, net *[note 7]*	(112,015)	112,015	—
Net assets, end of year	635,998	705,906	1,341,904

See accompanying notes

Trillium Gift of Life Network

Statement of cash flows

Year ended March 31

	2018 $	2017 $
Operating activities		
Excess of revenue over expenses for the year	**72,925**	157,492
Add (deduct) items not involving cash		
Amortization of capital assets	**1,045,116**	384,563
Amortization of deferred funding for capital assets	**(884,303)**	(270,402)
	233,738	271,653
Changes in non-cash working capital balances related to operations		
HST recoverable	**(575,695)**	(38,979)
Other receivables	**(274,618)**	(2,194)
Prepaid expenses	**(134,498)**	29,041
Accounts payable and accrued liabilities	**4,844,222**	3,825,622
Tenant inducement	**927,091**	-
Due to the Ministry of Health and Long-Term Care	**(40,641)**	(751,420)
Cash provided by operating activities	**4,979,601**	3,333,723
Investing activities		
Acquisition of capital assets	**(2,811,522)**	(3,910,879)
Cash used in investing activities	**(2,811,522)**	(3,910,879)
Financing activities		
Funding for capital asset purchases	**2,239,900**	3,721,362
Contributions for tenant inducement	**254,319**	-
Cash provided by financing activities	**2,494,219**	3,721,362
Net increase in cash and cash equivalents during the year	**4,662,298**	3,144,206
Cash and cash equivalents, beginning of year	**11,227,348**	8,083,142
Cash and cash equivalents, end of year	**15,889,646**	11,227,348

See accompanying notes

Trillium Gift of Life Network

Notes to financial statements

March 31, 2018

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 registered charity under the *Income Tax Act* (Canada), the Network is exempt from income taxes.

2. Summary of significant accounting policies

These financial statements are prepared in accordance with the *CPA Canada Public Sector* ["PS"] *Accounting Handbook*, which sets out generally accepted accounting principles for government not-for-profit organizations in Canada. The Network has chosen to use the standards for not-for-profit organizations that include sections PS 4200 to PS 4270. The significant accounting policies followed in the preparation of these financial statements are summarized below:

Revenue recognition

The Network follows the deferral method of accounting for contributions, which include grants and donations. Grants are recorded in the accounts when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Donations are recorded when received since pledges are not legally enforceable claims. Unrestricted contributions are recognized as revenue when initially recorded in the accounts. Externally restricted contributions are deferred when initially recorded in the accounts and recognized as revenue in the year in which the related expenses are recognized.

Cash and cash equivalents

Cash and cash equivalents consist of cash on deposit and short-term investments with terms to maturity of not more than 90 days at the date of purchase.

Financial instruments

Financial instruments, including HST recoverable, other receivables and accounts payable and accrued liabilities, are initially recorded at their fair value and are subsequently measured at cost, net of any provisions for impairment.

Notes to financial statements

March 31, 2018

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 and equipment	3–5 years
Leasehold improvements	over term of lease
Computer software	3–5 years
Computer hardware	3 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.

Tenant inducements

Tenant inducements represent inducements received, which are amortized on a straight-line basis over the term of the underlying lease agreement.

Employee benefit plan

Contributions to a multi-employer defined benefit pension plan are expensed on an accrual basis.

Contributed materials and services

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

Allocation of expenses

Direct expenses, including costs of personnel and other expenses that are directly related to projects, are recorded as project expenses. General support and other costs are not allocated.

Adoption of new accounting standards

During the year, the Network adopted the new accounting standards PS 2200, “Related Party Disclosures”, and PS 3420 “Inter-entity Transactions”. These new standards are effective for fiscal years beginning on or after April 1, 2017. PS 2200 defines a related party and establishes disclosures required for related party transactions. PS 3420 establishes standards on how to account for and report transactions between public sector entities that comprise a government’s reporting entity from both a provider and recipient perspective. The change in accounting policy was applied on a retroactive basis and additional related party disclosures are included in note 10. The adoption of PS 3420 did not have any impact on the financial statements.

Notes to financial statements

March 31, 2018

3. Capital assets

Capital assets consist of the following:

	2018		
	Cost	**Accumulated amortization**	**Net book value**
	$	$	$
Furniture and equipment	**1,378,291**	**605,211**	**773,080**
Leasehold improvements	**5,147,537**	**471,858**	**4,675,679**
Computer software	**1,524,654**	**1,489,230**	**35,424**
Computer hardware	**1,713,897**	**1,192,164**	**521,733**
	9,764,379	**3,758,463**	**6,005,916**

	2017		
	Cost	**Accumulated amortization**	**Net book value**
	$	$	$
Furniture and equipment	1,653,073	852,007	801,066
Leasehold improvements	3,689,070	887,560	2,801,510
Computer software	1,671,009	1,590,755	80,254
Computer hardware	1,928,823	1,372,141	556,682
	8,941,975	4,702,463	4,239,512

As at March 31, 2017, leasehold improvements and furniture and equipment included additions of $2,801,510 and $578,755, respectively, that were in process and not amortized during 2017. These assets were completed and put into use during the year. There are no assets in process as at March 31, 2018.

During the year, the Network wrote off $1,989,118 [2017 – nil] of fully amortized capital assets.

Notes to financial statements

March 31, 2018

4. Due to the Ministry of Health and Long-Term Care

The continuity of due to the Ministry of Health and Long-Term care is as follows:

	2018 $	2017 $
Balance, beginning of year	**800,710**	1,552,130
Contributions received	**52,182,801**	44,751,801
Amount recognized as revenue	**(49,182,832)**	(41,030,439)
Amount transferred to deferred capital contributions *[note 5]*	**(2,239,900)**	(3,721,362)
Amount repaid related to prior year funding	**(800,710)**	(751,420)
Balance, end of year	**760,069**	800,710

5. 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:

	2018 $	2017 $
Balance, beginning of year	**3,968,317**	517,357
Contributions transferred from deferred contributions *[note 4]*	**2,239,900**	3,721,362
Contributions from tenant inducements *[note 6]*	**254,319**	—
Amortization of deferred funding for capital assets	**(884,303)**	(270,402)
Balance, end of year	**5,578,233**	3,968,317

6. Tenant inducement

During the year, the Network received a tenant inducement of $1,274,970 to be applied towards leasehold improvements or base rent and additional rent, at the Network's discretion. The Network applied $254,319 towards leasehold inducements, with the remainder to base rent and additional rent. The annual amortization of the tenant inducement is recorded as a reduction to office rent and maintenance expenses in the statement of operations.

The changes in the tenant inducement balance are as follows:

	2018 $	2017 $
Balance, beginning of year	**—**	—
Tenant inducement received	**1,274,970**	—
Amount transferred to deferred funding for capital assets *[note 6]*	**(254,319)**	—
	1,020,651	
Amortization of tenant inducement	**(93,560)**	—
Balance, end of year	**927,091**	—
Less current portion	**(102,065)**	—
	825,026	—

7. 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 research and community-based projects.

During the year, the Board of Directors approved the transfer of $2,784 from Board restricted net assets to unrestricted net assets [2017 – $112,015 from unrestricted net assets to Board restricted net assets].

8. Employee benefit plan

Substantially all of the employees of the Network are eligible to be members of the Healthcare of Ontario Pension Plan [“HOOPP”], which is a multi-employer, defined benefit, highest consecutive earnings, contributory pension plan. The plan is accounted for as a defined contribution plan since the Network has insufficient information to apply defined benefit plan accounting.

The Network contributions to HOOPP during the year amounted to $1,504,270 [2017 – $1,381,698] and are included in the statement of operations. The most recent valuation for financial reporting purposes completed by HOOPP as at December 31, 2017 disclosed net assets available for benefits of $77.7 billion with pension obligations of $59.6 billion, resulting in a surplus of $18.1 billion.

Notes to financial statements

March 31, 2018

9. General and administrative expenses

General and administrative expenses include the following:

	2018 $	2017 $
Clinical operations	**1,211,135**	927,605
Provincial recovery system	**500,000**	230,000
Professional fees	**500,548**	488,605
Other	**724,556**	714,605
	2,936,239	2,360,815

10. Related party transactions

The Network is controlled by the Province of Ontario through the Ministry of Health and Long-Term Care [the "Ministry"] and is therefore a related party to other organizations that are controlled by or subject to significant influence by the Province of Ontario. Transactions with these related parties are outlined below.

All related party transactions are measured at the exchange amount, which is the amount of consideration established and agreed by the related parties.

[a] During the year, the Network made payments to related party hospitals and healthcare centres of $5,118,647 [2017 – $4,870,593] related to the Deceased Donor Managed Fund, organ and tissue acquisition fees and related supplies reimbursements.

[b] The Network has entered into a service provider agreement with ORNGE to provide transportation services to support organ and tissue donation and incurred expenses of $4,860,892 [2017 – $4,183,869] during the year.

[c] During the year, the Network entered into a transfer payment agreement with the EyeBank of Canada (Ontario Division) to provide services related to donated eye and related tissue for transplantation, research and teaching purposes and incurred expenses of $2,185,814.

11. Commitments

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

	$
2019	639,800
2020	610,782
2021	588,162
2022	582,654
Thereafter	2,629,610

Notes to financial statements

March 31, 2018

12. Financial instruments

The Network's financial instruments consist of cash and cash equivalents, HST recoverable, other receivables, and accounts payable and accrued liabilities. Management is of the opinion that the Network is not exposed to significant financial risks arising from these financial instruments.

Liquidity risk

The Network is exposed to the risk that it will encounter difficulty in meeting obligations associated with its financial liabilities. The Network derives a significant portion of its operating revenue from the Ontario government with no firm commitment of funding in future years. To manage liquidity risk, the Network keeps sufficient resources readily available to meet its obligations. Accounts payable mature within six months.

Trillium
Gift of Life
Network

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