Trillium Gift of Life Network

Annual Report 2020/21

Ontario

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MESSAGE FROM THE BOARD CHAIR AND INTERIM PRESIDENT AND CEO

We are pleased to present Trillium Gift of Life Network's annual report for the 2020/21 fiscal year.

The past year will be remembered as the year that COVID-19 profoundly impacted our world. From the economy to education to our personal lives, no area was spared, with the most profound impact felt in our health care system.

The start of the pandemic required Trillium Gift of Life Network (TGLN) to immediately adapt and pivot to ensure the continuity of its 24/7 mission critical operations while safeguarding both patients and staff. Recognized as essential and lifesaving, donations and transplants continued, albeit at lower levels due to a myriad of factors including decreased donor suitability and shifting procedures and protocols within the heath care system. Throughout the year, TGLN worked collaboratively and collectively with its hospital and healthcare partners to continuously navigate the shifting clinical landscape caused by COVID-19. We are grateful for the continued strength of that collaboration which enabled 1,118 lives to be saved through organ transplantation and many more lives enhanced through the gift of tissue. Ontario Health's partnership played a vital role in sourcing and securing critical supplies and in supporting continuity of donation and transplant during the pandemic.

This fiscal, TGLN completed a review of the Program for Reimbursing Expenses of Living Organ Donors (PRELOD). Recommendations to broaden eligibility criteria, increase reimbursement rates and simplify the application process were approved, with implementation beginning April 1, 2021.

Through the government's *Connecting Care Act, 2019,* TGLN was identified as one of several agencies that would come together in an integrated manner as Ontario Health, to connect Ontario's health system in ways that have not been done before. In the last quarter of 2020/21, we worked together with Ontario Health to prepare for TGLN's transfer on April 1, 2021, ensuring continuity of patient care was prioritized and that clinical staff and related processes were well supported.

We thank the Ministry of Health for their investment and partnership in our life saving mission and our Board of Directors for their governance and leadership.

We thank our staff, who demonstrate their compassion and responsibility to patients every day through the work they do. This past year in particular, we acknowledge and appreciate our staff who continued working outside their home in a variety of settings to facilitate donation and transplant and support patients and their families.

As always, and most importantly, we thank our donors and their families. Without their generosity, none of the work we do would be possible. The past year was extraordinarily difficult for families who could not always be together in person to comfort and support each other during times of illness and loss. Our heartfelt appreciation and gratitude go out to the families who thought of the needs of others and consented to donation during this exceptionally difficult time.

In the next fiscal year, as part of Ontario Health, we look forward to moving beyond COVID-19 to further enhance Ontario's position as a global leader in donation and transplant.

Sincerely,

Bill Hatanaka
Board Chair

Versha Prakash
Interim President and CEO

TRILLIUM GIFT OF LIFE NETWORK'S 2020/21 MISSON, VISION AND OBJECTIVES

Mission

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

Vision

That no Ontarian dies on the waitlist due to lack of an organ or tissue.

2020/21 Objectives

1. Improve access to transplantation, support optimal patient outcomes and transplant capacity planning, and achieve a yield of 3.26 organs recovered and transplanted per donor.
2. Achieve a 63-65 percent conversion rate for provincial hospitals and 365-385 organ donors.
3. Achieve a 51 percent consent rate, 2,550 ocular donors and 280 multi-tissue donations.
4. Engage Ontarians in supporting organ and tissue donation and transplantation and inspire over 224,000 to register consent.
5. Redevelop the mission critical waitlist and organ allocation system.

OBJECTIVE 1: IMPROVE ACCESS TO TRANSPLANTATION, SUPPORT OPTIMAL PATIENT OUTCOMES AND TRANSPLANT CAPACITY PLANNING, AND ACHIEVE AN ORGAN YIELD OF 3.26

Key Performance Indicator	Performance Outcome	Commentary
Organ Yield - The number of organs recovered and transplanted per donor **Target: 3.26**	**3.19**	• In 2020/21, 1,118 transplants were performed, which was a decrease of 21% from the previous year. Despite this decrease, organ yield performance was higher than the previous year; albeit slightly below target. • In 2020/21, donors who met the criteria for neurological determination of death (NDD) accounted for approximately 71% of the donor population, compared to 61% in the previous fiscal year. The increase in the proportion of NDD donors resulted in increases in heart and liver utilization rates. The heart utilization rate in FY 20/21 was 28% compared to 23% in FY 19/20 and the liver utilization rate was 62% in FY 20/21 compared to 56% in FY 19/20. • A large number of potential donations after circulatory death (DCD) donations were paused in the first part of the fiscal year as these transplants often require more post-operative transplant care and time spent in the ICU, which was under strain due to COVID-19.

Response to COVID-19

The COVID-19 pandemic created many challenges for the transplant community. To enable transplantation to continue in a safe and effective manner, TGLN, with its partners in the transplant community:

- Developed and implemented a plan to reduce loss of organs, provide a safe path for organ transplant and provide a coordinated framework to gradually increase donation and transplant activity as a unified provincial system
- Developed a process to facilitate transportation of living donor kidneys from the donor's local hospital to the transplant hospital, to minimize donor's exposure to COVID-19
- Regularly monitored and reported on transplant related data, including promptly identifying and addressing any associated risks of the COVID-19 pandemic on transplant services
- Developed recommendations for transplant patients and other high-risk patients to gain timely access to the COVID-19 vaccination

Improving Access to Transplantation

TGLN continuously strives to improve access to transplantation through its collaboration with partners and the improvement of programs. Highlights for 2020/21 include:

- **Collaboration and Partnership**
    - Continued collaboration with the Ontario Renal Network (ORN) in implementation planning for phase 2 of the Access to Kidney Transplantation and Living Donation Strategy, aimed at enhancing access to, and improving patients' experience of kidney transplantation, through improvements in data collection in living kidney donation
    - Approved *Ontario's Referral and Listing Criteria for Multi-Organ Kidney Transplantation* intended to standardize criteria for all multi-organ kidney listing in Ontario, ensuring equitable access to transplantation and improved transparency, and *Ontario's Referral and Listing Criteria for Paediatric*

Lung Transplantation intended to facilitate timely referral of paediatric candidates and improve transparency and equitable access
    - Worked with all organ specific working group stakeholders to develop a patient infographic on the organ matching process for patients and their families in order to increase understanding of TGLN's allocation policies, specifically how donor organs are matched to recipients and how patients are prioritized on the wait list
    - Collaborated with liver transplant programs to finalize the *Clinical Handbook for Liver Transplantation,* which outlines best practice guidelines for the pre-to-post care of liver transplant patients

- **Program for Reimbursing Expenses of Living Organ Donors (PRELOD)**
    - In response to the Auditor General's report on chronic kidney disease, TGLN completed a review of the Program for Reimbursing Expenses of Living Organ Donors (PRELOD). Recommendations to broaden eligibility criteria, increase reimbursement rates and simplify the application process were approved, with implementation beginning April 1, 2021.

- **Alcohol-associated Liver Disease (ALD) Pilot Program**
    - TGLN continued to support the operation of the ALD Pilot Program, which aimed to provide an opportunity for patients with ALD who would benefit from a liver transplant, but had not abstained from alcohol use for six months and who met the program-specific requirements, to be placed on the liver transplant waitlist.
    - Through the 3-year pilot program (May 2018 to March 2021), 916 patient referrals, 516 patient consultations/assessments, 122 patient listings and 62 patient transplants were completed. Among those transplanted, only 4 (6.4%) reported alcohol use post-transplant.
    - Ontario's *Adult Referral and Listing Criteria for Liver Transplantation* was updated to include the ALD protocol as an alternative pathway for ALD patients. For patients that do not meet the ALD protocol, the six-month abstinence rule will continue to apply.
    - Based on the program's favourable results, the Ministry of Health has committed to provide ongoing support for the provision of specialized assessment and services for ALD patients.

Increasing Organ Yield and Utilization

In order to maximize every donation opportunity, TGLN, working closely with its transplant partners, continued to explore innovative ways to increase organ yield and utilization. Examples include:

- Extending the warm ischemic time threshold for organ recovery teams to determine the suitability of donation after circulatory death (DCD) kidney donors
- Working with heart transplant programs and other stakeholders to implement the utilization of hearts from DCD donors for transplantation. Two test cases were completed in which donor hearts that were declined for transplantation were placed on an ex vivo perfusion device.
- Continuing to use ex vivo technologies, such as OrganOx (normothermic liver ex vivo assessment and perfusion device), Ex Vivo Lung Perfusion (EVLP) system, to increase the utilization of donated organs
- Working with heart programs to implement a policy for identifying back-up recipients to prevent the loss of an organ if it is deemed unsuitable for the primary chosen recipient in the donor operation room

Support Optimal Patient Outcomes and Transplant Capacity

- **Funding Project**
    - At the request of the Ministry of Health, TGLN has been leading efforts to create a value-based organ transplant funding model for the province. Using the harmonized costing methodology prototype, the average annual costs of caring for adult kidney patients across the continuum of care (pre-, peri- and post-transplant) was ascertained. Following this, TGLN:
        - Convened an advisory committee comprised of funding experts, expert financial advisors, and transplant stakeholders along with representatives from the Ontario

Hospital Association and Ministry of Health to validate and approve the methodology and provide expert advice and recommendations on the Kidney Transplant Costing Project
        - Submitted recommendations to the Ministry of Health to update Ontario's kidney transplant program funding to an integrated care funding model

- **Transplant Performance Measurement and Evaluation Executive Committee (TPEC)**
    - TGLN continued to facilitate the work of this committee, which was formed to develop a performance measurement and evaluation framework to improve patient experience and outcomes, as well as identify opportunities to strengthen system efficiencies. Key activities included:
        - Identification and development of key organ specific quality indicators through the transplant patient journey from referral to post transplant
        - Collaboration with national performance measurement and evaluation initiatives to facilitate alignment and leverage efforts to achieve shared goals and objectives

OBJECTIVE 2: ACHIEVE A 63-65 PERCENT CONVERSION RATE FOR PROVINCIAL HOSPITALS AND 365-385 ORGAN DONORS

Key Performance Indicator	Performance Outcome	Commentary
Conversion Rate – the overall rate for deceased patients who became actual organ donors from those that appear to have organ donor potential. Target: 63-65%	58%	• Despite donation continuing throughout the pandemic, the number of potential organ donors that converted to actual donors fell 25 donors short of reaching the conversion rate target. • The number of DCD donors decreased by 41% vs last fiscal.
Organ Donors – A deceased patient from Ontario who has donated at least one organ that was recovered and transplanted. Target: 365-385	303	• The COVID-19 pandemic had an impact on all aspects of donation, including the referral process, the medical suitability of potential donors, and practices related to end-of-life care. These factors combined led to a decline in the total number of organ donors in 2020/21. • Consent rate was negatively impacted by a significant increase in telephone approaches to families for donation consent (up 25% vs last year) due to hospital restrictions related to COVID-19. Telephone approaches are known to yield a lower consent rate (53% compared to 59%). • Compared to the previous year, the volume of potential eligible referrals and potential eligible donors decreased, resulting in 118 fewer potential donors compared to 2019/20.

Optimize Physician Leadership to Influence System Performance

Physician leadership within the donation and transplant system is crucial in building a culture of donation within the province. In 2020/21, TGLN:

- Provided guidance and support to Hospital Donation Physicians (HDPs) and hospital leadership in maintaining donation throughout the pandemic
    - In collaboration with Clinical Transplant Systems and transplant partners, developed a series of Guiding Principles and hosted webinars with hospitals on maintaining the donation system throughout the pandemic
    - Engaged transplant programs in the development of an algorithm to inform organ suitability testing requirements and processes to expedite cases
    - Closely monitored and maintained communications with hospitals experiencing COVID-19 patient surges, and adjusted policies and practices in response to changing circumstances

- Pursued opportunities to expand donation education in critical care
    - Working with national partners, contributed to the development and planning of the donation stream at the annual Critical Care Canada Forum in Fall 2020
    - Developed and hosted an education session for critical care fellows in February 2021

- Improved donor care management through the development of a new Donor Management Order Set
    - In collaboration with transplant programs, developed a new donation Order Set based on recommendations identified in the *Canadian Clinical Practice Guideline for the Medical Management*

of Neurologically Deceased Organ Donors, to facilitate better communication across clinical teams by improving the consistency in testing requested and assessment of potential donors

Improvements to Maximize Organ Donation Potential

- Shifted focus of training for donation coordinators, in response to COVID-19, to provide optimal telephone support to families; annual education and consent training for donation coordinators continued through a remote platform
- Reviewed mortality data to identify the volume of deaths occurring within three hours of extubation of patient, to inform implementation of recovery and transplant protocols next fiscal year
- Investigated the circumstances surrounding consent that is rescinded due to the length of the donation process to better understand frequency and drivers
    - Implemented additional Value Positive training with all full-time staff to assist them in navigating situations where there is potential for families to rescind consent
    - Implemented weekly review of cases where consent was rescinded to allow for more timely response and consistent monitoring
    - As a result of increased focus, the frequency of rescinded cases dropped 55% from the previous year
- Furthered integration of hospitals into TGLN's public reporting process to increase accountability and transparency in the donation system
    - Implemented public reporting of Routine Notification Rate for eight additional hospitals that voluntarily refer potential donors to TGLN, and worked with three additional facilities in preparation to publicly report their Routine Notification Rate in 2021/22

Leverage Advances in Medicine to Increase the Pool of Potential Donors

TGLN has become a global leader in donation and transplant in part due to its development and support of innovative practices. Examples of this in 2020/21:

- Developed additional educational materials to increase awareness and understanding of donation following medical assistance in dying (MAID), including resources for patients contemplating MAID and for clinicians
- Supported expansion of standard non-perfused organ donation (NPOD) and NPOD following DCD attempt to additional hospital sites
    - Developed educational materials to support the successful expansion of *NPOD after DCD Attempt* to additional hospitals, as well as the expansion of the *NPOD Following MAID At-Home* protocol across Ontario, including additional e-learning modules to provide complementary education to hospital staff and stakeholders in a virtual environment

OBJECTIVE 3: ACHIEVE A 51 PERCENT CONSENT RATE, 2,550 OCULAR DONORS AND 280 MULTI-TISSUE DONATIONS

Key Performance Indicator	Performance Outcome	Commentary
Consent Rate – the overall rate of consent for tissue donation based on the proportion of the referred cases approached that were consented. Target: 51%	48%	• TGLN did not meet the tissue consent rate target, with a 3% decline from the previous year. • Consent for ocular tissue recovery for the purposes of transplantation remained steady at 52%; however, there was a 6% decrease in consent for tissue recovered for research and teaching purposes from the previous year, which impacted the overall consent rate. • Consent Rate was lower during the first few months of the fiscal year, likely due to restrictions due to COVID-19 which prohibited families allowed in hospital.
Ocular Donors - the number of donors where ocular tissue was recovered for all purposes. This includes multi-tissue donors where ocular tissue was recovered. Target: 2,550	1,714	• The target was not achieved due to the impact of COVID-19. Highly restrictive acceptance criteria developed by the Eye Bank Association of American (EBAA) limited the volume of medically suitable tissue. The initial criteria set at the beginning of the pandemic were revised in May 2020 and continue to be updated through the course of the pandemic. • In addition, the total volume of recoverable tissue was limited due to hospital operating room closures and the pause on non-emergency surgeries. • There was considerable variability in terms of the availability of medically suitable tissue throughout the year, which aligned with the waves of the pandemic. • Recovery staffing limitations impacted the number of suitable cases that could be recovered, further affecting total recovery volumes.
Multi-Tissue Donations - the total number of bone, heart valve and skin donations recovered from a tissue donor. Target: 280	248	• Despite maintaining multi-tissue recovery throughout the pandemic, TGLN did not meet the recovery volume target. • Consent decreased in 20/21, which impacted the total number of potential donors. • Recoveries continued in the first quarter of the year but were limited due to the application of additional COVID-related screening criteria developed by the American Association of Tissue Banks (AATB) and the fact that recoveries only occurred in the Ontario Forensic Pathology Service (OFPS) suite due to COVID-19. • Tissue banks implemented additional restrictions in the first quarter of the year, including decreasing the age of suitable donors, which impacted the volume of potential donors. These restrictions were lifted in mid-June 2020.

Maximize Tissue Donation Consent Performance

- The ability to connect with next of kin increased this year, likely due to their availability during the pandemic. Nonetheless, TGLN completed analyses of cases when staff were unable to connect with families/next of kin, including location of approach, with the aim to further improvement.
- Completed an analysis of consent performance to assess factors influencing consent rates, and identified methods to further address performance

- Provided Tissue Coordinators with annual consent training and targeted one-on-one coaching based on these analyses
- Developed revised scripting to use with next of kin of potential tissue donors during the approach and consent process

Support System-Level Improvements to Maximize Tissue Donation and Recovery

To help drive an increase in tissue donation, TGLN:

- Identified additional paramedic services across Ontario to engage with in order to increase tissue referral volumes, and developed training materials for them

To further improve the efficiency of the tissue donation system, TGLN:

- Implemented tissue suitability screening at two additional Ontario tissue banks: Mount Sinai Allograft Technologies and The Hospital for Sick Children
- Developed and implemented solutions to increase tissue donation and recovery as follows:
  - Revised the ocular recovery staffing model to on-board additional full-time and part-time staffing in select regions and decrease reliance on casual staff
  - Augmented processes for multi-tissue recovery in the recovery suite at the Office of the Chief Coroner to improve case coordination and decrease recovery time
  - Implemented annual tissue recovery competency assessment for ocular Tissue Recovery Coordinators
  - Expanded the use of a global positioning system (GPS) to all ocular tissue recovery cases to allow for improved tracking and monitoring of location and temperature of recovered tissue and to inform dispatching

OBJECTIVE 4: ENGAGE ONTARIANS IN SUPPORTING ORGAN AND TISSUE DONATION AND TRANSPLANTATION AND INSPIRE OVER 224,000 TO REGISTER CONSENT

Key Performance Indicator	Performance Outcome	Commentary
Growth in Registered Donors **Target: 224,000**	**71,833**	• Since the onset of the COVID-19 pandemic, ServiceOntario has both extended expiration dates for Health Cards and Driver's licenses and discouraged inperson visits at centres, where approximately 85% of registrations occur. The absence of reminders in renewal notices and the lack of an in-person prompt to register had a dramatic impact on registrations - a decline of 60% in new registrations vs in 2019/20. • Additional factors such as no public advocacy events and limited earned media coverage also negatively impacted registration for donation.

Marketing and social media engagement

Marketing in paid and social media in 2020/21 created awareness and generated registrations for donation.

- A paid marketing campaign ran September-October and February-March in the Greater Toronto Area (GTA) encouraging registration for donation. The campaign utilized a mix of existing and new creative that ran on digital and social channels.
    - New registrations in the GTA increased by 14% during the Fall campaign and 54% during the Winter campaign vs in the periods prior to the campaigns.
- Social media initiatives helped to drive traffic to BeADonor.ca resulting in a total of 129,124 unique visitors (an 18% increase versus last fiscal) with 77% coming from Facebook. TGLN earned 23.2 million impressions on Facebook and 29.9 million on Twitter during 2020/21.

ServiceOntario Partnership

The partnership between ServiceOntario, the Ministry of Government and Consumer Services, and TGLN remains crucial to TGLN's success as ServiceOntario facilitates all donor registrations: online, in person at centres and via mailed forms. The significant decrease in in-centre traffic during the COVID-19 pandemic highlighted, even further, the need to integrate the donor registration prompt into online driver's license and health card renewals, as well as include donor registration messaging into all relevant consumer digital touchpoints. As such, in 2020/21, the following occurred:

- Integration of organ donor registration prompt into online renewal for Driver's License and Health Cards moved into the discovery phase (project is being led by ServiceOntario's Digital Adoption Branch)
- Integration of organ and tissue donation messaging into email reminders for Driver's License, Vehicle License Plate and Health Care renewals, as well as into online appointment booking confirmation was developed

Stakeholders, Partners and Advocate Network

While support and advocacy moved fully online in 2020/21 due to COVID-19, TGLN continued to support its hospital, government and community stakeholders and partners, as well as its advocate network, throughout the year, including:

- Presenting the annual hospital achievement awards virtually and supporting hospital partners with a communications toolkit they could utilize to celebrate their awards and direct and advance their public communications
- Providing ongoing support, encouragement as well as tips and tools for online advocacy to a dedicated network of over 250 advocates across the province in order to extend the breadth and depth of TGLN communication efforts to increase registrations

OBJECTIVE 5: REDEVELOP THE MISSION CRITICAL WAITLIST AND ORGAN ALLOCATION SYSTEM

TGLN continued in its pursuit to redevelop and replace the outdated mission-critical organ waitlist and management and allocations system (TOTAL) with the new Organ Allocation and Transplantation System (OATS) in 2020/21. Highlights, including key milestones, achieved are as follows:

Requirements Gathering and Documentation

- Gathered detailed business requirements from internal and external users, including transplant programs, histocompatibility and serology testing laboratories, to replace the current outdated allocation system
- Documented all business requirements that describe the features of the new OATS system, such as electronic organ offers and notifications

Development and Design

- Established and completed the design and development of the new cloud-based solution that provides a modern, modular, flexible and integrated organ donation and transplantation system
- Finalized the design and development of the new database to complete data migration activities to move data from TOTAL to the new OATS system
- Developed integration between the new OATS system and TGLN's donor management system iTransplant – as well as the national system for organ and tissue donation and transplantation – Canada Transplant Registry (CTR) – that is managed by Canadian Blood Services

Algorithms

- Completed testing of all organ algorithm formulas to ensure alignment with organ details for all allocation lists, through the use of the business rules engine

Testing

- Commenced user acceptance testing related to histocompatibility and serology testing laboratories

The new OATS is expected to go live in fiscal year 2021/22.

FINANCIAL PERFORMANCE ANALYSIS

- In 2020/21, TGLN carried out its mandate within its budget allocation, managing COVID-19 related expenses and costs associated with development of a new Organ Allocation Transplant System (OATS), continued its compliance with the government's discretionary expenditure measures and enabled an in-year recovery of surplus funds by the Ministry.
- TGLN's expenditures are detailed in the audited financial statements included in the report.

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APPENDIX I – TABLES AND FIGURES

Table 1: Tissue Donation by Tissue Type

Tissue Donation	*FY 2020/21*	*FY 2019/20*	*FY 2018/19*
Tissue Donors	1,736	2,236	2,497
Ocular Donors	1,714	2,207	2,472
Skin Donations	99	110	65
Heart Valve Donations	48	51	38
Bone Donations	101	136	118
Multi-Tissue Donations	248	297	221
Tissue Consent Rate	48%	51%	49%

Table 2: Deceased Organ Donors, Tissue Donors, Conversion Rate, Routine Notification Rate and Eligible Approach Rate

Hospital	*Routine Notification Rate*	*Conversion Rate for Organ Donors*	*Eligible Approach Rate*	*Organ Donors*	*Tissue Donors*
Greater Toronto Region					
Halton Healthcare	96%	56%	68%	5	36
Humber River Hospital	96%	20%	92%	1	18
Joseph Brant Hospital	98%	20%	69%	1	20
Lakeridge Health	95%	63%	93%	10	77
Mackenzie Health	95%	42%	78%	5	18
Markham Stouffville Hospital	96%	80%	100%	4	26
North York General Hospital	94%	22%	88%	2	8
Scarborough Health Network	97%	47%	90%	7	43
Sinai Health	97%	50%	38%	1	16
Southlake Regional Health Centre	97%	20%	63%	1	33
Sunnybrook Health Sciences Centre	80%	59%	91%	19	40
The Hospital for Sick Children (SickKids)	97%	64%	100%	7	11
Toronto East Health Network	94%	50%	89%	3	17
Trillium Health Partners	96%	50%	87%	10	61
Unity Health Toronto	94%	56%	93%	28	51
University Health Network	97%	54%	87%	13	56
William Osler Health System	97%	36%	89%	9	44
Simcoe Muskoka Region					
Collingwood General & Marine Hospital	87%	100%	60%	2	12
Georgian Bay General Hospital	98%		50%	0	17
Headwaters Health Care Centre	93%	--	--	0	7
Muskoka Algonquin Healthcare	99%	0%	50%	0	11

Orillia Soldiers' Memorial Hospital	94%	67%	100%	2	21
Royal Victoria Regional Health Centre	98%	86%	90%	6	46
Eastern Region					
Brockville General Hospital	95%		100%	0	15
Children's Hospital of Eastern Ontario	100%		0%	0	0
Cornwall Community Hospital	97%	25%	100%	1	11
Hawkesbury and District General Hospital	95%	--	--	0	2
Hôpital Montfort	94%	38%	83%	3	12
Kingston Health Sciences Centre	98%	67%	72%	6	48
Lennox & Addington County General Hospital	77%	--	--	0	4
Northumberland Hills Hospital	91%	--	--	0	11
Pembroke Regional Hospital	98%			0	8
Peterborough Regional Health Centre	97%	50%	96%	3	37
Queensway Carleton Hospital	96%	67%	100%	2	16
Quinte Health Care	97%	100%	88%	4	36
Ross Memorial Hospital	96%	--	--	3	23
The Ottawa Hospital	96%	64%	88%	16	75
University of Ottawa Heart Institute	99%	75%	93%	3	6
Northern Region					
Health Sciences North	97%	67%	79%	4	7
Kirkland & District Hospital	100%	--	--	0	0
Lake of the Woods District Hospital	57%	--	--	0	0
North Bay Regional Health Centre	98%	60%	73%	3	4
Sault Area Hospital	94%	70%	91%	7	2
St. Joseph's General Hospital Elliot Lake	83%	--	--	0	0
Thunder Bay Regional Health Sciences Centre	94%	0%	86%	0	0
Timmins and District Hospital	98%	0%	100%	0	0
West Nipissing General Hospital	90%	--	--	0	1
West Parry Sound Health Centre	96%	--	--	0	5
Southwestern Region					
Bluewater Health	99%	100%	100%	2	23
Brant Community Healthcare System	96%	50%	75%	3	30
Cambridge Memorial Hospital	98%	25%	100%	1	12
Chatham - Kent Health Alliance	97%	100%	56%	1	11
Erie Shores Healthcare	90%	--	--	0	5
Grand River Hospital	97%	50%	86%	2	35
Grey Bruce Health Services	97%	100%	75%	2	17
Guelph General Hospital	96%	100%	86%	5	24

Hamilton Health Sciences	96%	79%	78%	33	100
Huron Perth Healthcare Alliance	96%	0%	80%	0	12
London Health Sciences Centre	95%	62%	80%	29	101
Middlesex Hospital Alliance	91%	--	--	0	9
Niagara Health	97%	54%	78%	7	94
Norfolk General Hospital	96%	--	--	0	12
St. Joseph Healthcare Hamilton	97%	100%	100%	5	23
St. Mary's General Hospital	96%	71%	86%	5	22
St. Thomas Elgin General Hospital	97%	100%	100%	2	25
Tillsonburg District Memorial Hospital	93%	--	--	0	4
Windsor Regional Hospital	95%	67%	100%	14	42
Woodstock General Hospital	97%	100%	100%	1	17
Others					
Others	69%				106
TOTAL	**95%**	**58%**	**84%**	**303**	**1,736**

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

Type of Donor	*FY 2020/21*	*FY 2019/20*	*FY 2018/19*
Deceased Donors from Ontario	**303**	**393**	**331**
NDD Donors from Ontario	214	240	212
DCD Donors from Ontario	89	153	119
Living Donors from Ontario	260	297	285
All Ontario Donors	**563**	**690**	**616**
Deceased Donors from Other Canadian Provinces	70	74	80
Deceased Donors from the United States	5	34	30
All Out-of-Province Donors	**75**	**108**	**110**

Definitions: NDD - Neurological determination of death DCD - Donation after circulatory death

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

Organ	*FY 2020/21*			*FY 2019/20*			*FY 2018/19*		
	From NDD Donors	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*	*From NDD Donors*	*From DCD Donors*	*Total*
Heart	84		84	90		90	67		67
Kidney	300	136	436	344	225	569	317	180	497
Liver	175	17	192	186	36	222	164	24	188
Lung	125	85	210	174	121	295	172	69	241
Pancreas Islets	3	2	5	9	2	11	27	6	33
Pancreas Whole	37	2	39	35	6	41	31	7	38
Small Bowel	5		5	1		1	1		1
Total	**729**	**242**	**971**	**839**	**390**	**1,229**	**779**	**286**	**1,065**

Note: The organ count of this summary table is consistent with the calculation of the organ yield and includes organs exported/transplanted outside of Ontario.

Table 5: Organ Transplant Yield per Deceased Donor in Ontario

Donor Type	*FY 2020/21*		*FY 2019/20*		*FY 2018/19*	
	Number of Donors	*Organ Yield*	*Number of Donors*	*Organ Yield*	*Number of Donors*	*Organ Yield*
DCD	89	2.70	153	2.55	119	2.40
NDD	214	3.39	240	3.50	212	3.67
Total	**303**	**3.19**	**393**	**3.13**	**331**	**3.22**

Organ Utilization			
Organ Type	*FY 2020/21*	*FY 2019/20*	*FY 2018/19*
Heart	28%	23%	20%
Kidney	72%	72%	75%
Liver	62%	56%	56%
Lung	35%	38%	36%
Pancreas - Islets	2%	3%	10%
Pancreas - Whole	13%	10%	11%
Small Bowel	2%	0%	0%

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

Organs Transplanted	*FY 2020/21*	*FY 2019/20*	*FY 2018/19*
Kidney from Deceased Donors	404	529	435
Kidney from Living Donors	183	227	227
Liver from Deceased Donors	191	228	189
Liver from Living Donors	77	70	58
Heart	68	97	68
Lung	131	208	188
Pancreas - Whole	15	9	5
Small Bowel	3	1	1
Kidney/Pancreas	30	38	36
Heart/Lung	1	1	1
Liver/Kidney	12	5	12
Liver/Heart		1	
Liver/Bowel	2		1
Liver/Lung	1	1	
Liver/Pancreas			
VCA			
Total	**1,118**	**1,415**	**1,221**

This table summarizes the count of transplants performed by an Ontario transplant program.

Table 7: Waiting List for Organ Transplants

Organ	*March 31, 2021*	*March 31, 2020*	*March 31, 2019*
Kidney	1,108	1,153	1,204
Liver	259	282	289
Heart	35	39	55
Lung	69	37	51
Pancreas - Whole	6	17	12
Small Bowel	3	1	1
Kidney/Pancreas	38	55	64
Other*	7	13	15
Total	**1,525**	**1,597**	**1,691**

**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

Corporation	**Phase 1**		**Phase 2**		**Phase 3**		**Total Amount**
	No. Cases	**Amount**	**No. Cases**	**Amount**	**No. Cases**	**Amount**	
ALEXANDRA MARINE & GENERAL HOSPITAL	1	$800	0	$0	0	$0	$800
BLUEWATER HEALTH - SARNIA	8	$6,400	7	$14,350	2	$,6300	$27,050
BRANT COMMUNITY HEALTHCARE SYSTEM - BRANTFORD GENERAL HOSPITAL	9	$7,200	4	$8,200	3	$9,450	$24,850
BROCKVILLE GENERAL HOSPITAL	3	$2,400	2	$4,100	0	$0	$6,500
CAMBRIDGE MEMORIAL HOSPITAL	11	$8,800	1	$2,050	1	$3,150	$14,000
CHATHAM-KENT HEALTH ALLIANCE - CHATHAM CAMPUS	5	$4,000	3	$6,150	1	$3,150	$13,300
COLLINGWOOD GENERAL & MARINE HOSPITAL	3	$2,400	2	$4,100	2	$6,300	$12,800
CORNWALL COMMUNITY HOSPITAL	5	$4,000	1	$2,050	1	$3,150	$9,200
GEORGIAN BAY GENERAL HOSPITAL - MIDLAND SITE	1	$800	1	$2,050	0	$0	$2,850

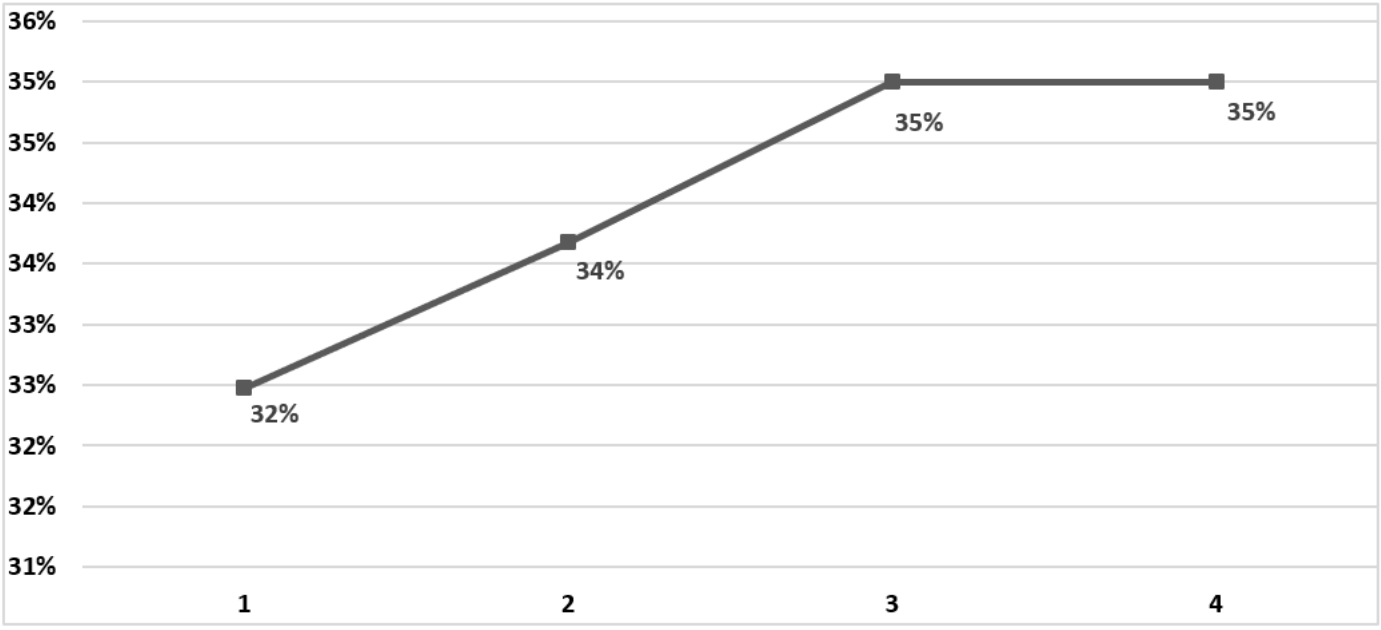
GRAND RIVER HOSPITAL - KITCHENER-WATERLOO CAMPUS	21	$16,800	8	$16,400	3	$9,450	$42,650
GRAND RIVER HOSPITAL - FREEPORT CAMPUS	1	$800	0	$0	0	$0	$800
GREY BRUCE HEALTH SERVICES - OWEN SOUND HOSPITAL	5	$4,000	2	$4,100	2	$6,300	$14,400
GREY BRUCE HEALTH SERVICES - MARKDALE HOSPITAL	1	$800	0	$0	0	$0	$800
GUELPH GENERAL HOSPITAL	11	$8,800	8	$16,400	6	$18,900	$44,100
HALTON HEALTHCARE - MILTON DISTRICT HOSPITAL	6	$4,800	3	$6,150	3	$9,450	$20,400
HALTON HEALTHCARE - OAKVILLE TRAFALGAR MEMORIAL HOSPITAL	7	$5,600	4	$8,200	3	$9,450	$23,250
HAMILTON HEALTH SCIENCES - HAMILTON GENERAL HOSPITAL	74	$59,200	45	$92,250	29	$91,350	$242,800
HAMILTON HEALTH SCIENCES - JURAVINSKI HOSPITAL	6	$4,800	2	$4,100	2	$6,300	$15,200
HAMILTON HEALTH SCIENCES - MCMASTER CHILDREN'S HOSPITAL	10	$8,000	7	$14,350	5	$15,750	$38,100
HEALTH SCIENCES NORTH	30	$24,000	13	$26,650	4	$12,600	$63,250
HÔPITAL MONTFORT	9	$7,200	3	$6,150	3	$9,450	$22,800
HUMBER RIVER HOSPITAL	13	$10,400	6	$12,300	2	$,6300	$29,000
HURON PERTH HEALTH ALLIANCE - STRATFORD GENERAL HOSPITAL	2	$1,600	2	$4,100	0	$0	$5,700
JOSEPH BRANT HOSPITAL	8	$6,400	2	$4,100	1	$3,150	$13,650
KINGSTON HEALTH SCIENCES CENTRE - KINGSTON GENERAL HOSPITAL	37	$29,600	18	$36,900	11	$34,650	$101,150
LAKERIDGE HEALTH OSHAWA	23	$18,400	15	$30,750	11	$34,650	$83,800
LAKERIDGE HEALTH BOWMANVILLE	3	$2,400	2	$4,100	1	$3,150	$9,650
LAKERIDGE HEALTH AJAX PICKERING	10	$8,000	4	$8200	1	$3150	$19,350
LONDON HEALTH SCIENCES CENTRE - UNIVERSITY HOSPITAL	59	$47,200	32	$65,600	18	$56,700	$169,500

LONDON HEALTH SCIENCES CENTRE - CHILDREN'S HOSPITAL	7	$5,600	4	$8,200	2	$6,300	$20,100
LONDON HEALTH SCIENCES CENTRE - VICTORIA HOSPITAL	43	$34,400	21	$43,050	11	$34,650	$112,100
MACKENZIE HEALTH - MACKENZIE RICHMOND HILL HOSPITAL	16	$12,800	7	$14,350	7	$22,050	$49,200
MARKHAM STOUFFVILLE HOSPITAL - MARKHAM SITE	9	$7,200	6	$12,300	5	$15,750	$35,250
MIDDLESEX HOSPITAL ALLIANCE – STRATHROY MIDDLESEX GENERAL HOSPITAL	1	$800	0	$0	0	$0	$800
MIDDLESEX HOSPITAL ALLIANCE – FOUR COUNTIES HEALTH SERVICES	1	$800	0	$0	0	$0	$800
MUSKOKA ALGONQUIN HEALTHCARE - SOUTH MUSKOKA MEMORIAL HOSPITAL	2	$1,600	0	$0	0	$0	$1,600
NIAGARA HEALTH SYSTEM - ST. CATHARINES SITE	18	$14,400	8	$16,400	7	$22,050	$52,850
NIAGARA HEALTH SYSTEM - WELLAND SITE	1	$800	1	$2,050	0	$0	$2,850
NIAGARA HEALTH SYSTEM - GREATER NIAGARA GENERAL SITE	16	$12,800	3	$6,150	2	$6,300	$25,250
NORFOLK GENERAL HOSPITAL	2	$1,600	1	$2,050	0	$0	$3,650
NORTH BAY REGIONAL HEALTH CENTRE	8	$6,400	7	$14,350	4	$12,600	$33,350
NORTH YORK GENERAL HOSPITAL	14	$11,200	6	$12,300	2	$6,300	$29,800
NORTHUMBERLAND HILLS HOSPITAL	2	$1,600	0	$0	0	$0	$1,600
ORILLIA SOLDIERS' MEMORIAL HOSPITAL	5	$4,000	5	$10,250	3	$9,450	$23,700
PERTH AND SMITHS FALLS DISTRICT HOSPITAL - GREAT WAR MEMORIAL SITE	1	$800	0	$0	0	$0	$800
PETERBOROUGH REGIONAL HEALTH CENTRE	22	$17,600	10	$20,500	4	$12,600	$50,700

QUEENSWAY CARLETON HOSPITAL	6	$4,800	4	$8,200	2	$6,300	$19,300
QUINTE HEALTH CARE - BELLEVILLE GENERAL HOSPITAL	6	$4,800	5	$10,250	4	$12,600	$27,650
RENFREW VICTORIA HOSPITAL	1	$800	0	$0	0	$0	$800
ROSS MEMORIAL HOSPITAL	7	$5,600	7	$14,350	5	$15,750	$35,700
ROYAL VICTORIA REGIONAL HEALTH CENTRE	18	$14,400	12	$24,600	6	$18,900	$57,900
SAULT AREA HOSPITAL	20	$16,000	11	$22,550	7	$22,050	$60,600
SCARBOROUGH HEALTH NETWORK – GENERAL	12	$9,600	4	$8,200	2	$6,300	$24,100
SCARBOROUGH HEALTH NETWORK – CENTENARY	8	$6,400	2	$4,100	1	$3,150	$13,650
SCARBOROUGH HEALTH NETWORK – BIRCHMOUNT	7	$5,600	6	$12,300	5	$15,750	$33,650
SINAI HEALTH - MOUNT SINAI HOSPITAL	3	$2,400	2	$4,100	1	$3,150	$9,650
SOUTHLAKE REGIONAL HEALTH CENTRE	14	$11,200	4	$8,200	2	$6,300	$25,700
ST. JOSEPH'S HEALTHCARE HAMILTON	8	$6,400	5	$10,250	5	$15,750	$32,400
ST. MARY'S GENERAL HOSPITAL	12	$9,600	9	$18,450	6	$18,900	$46,950
ST. THOMAS ELGIN GENERAL HOSPITAL	7	$5,600	5	$10,250	2	$6,300	$22,150
SUNNYBROOK HEALTH SCIENCES CENTRE	43	$34,400	25	$51,250	22	$69,300	$154,950
TEMISKAMING HOSPITAL	1	$800	0	$0	0	$0	$800
THE HOSPITAL FOR SICK CHILDREN (SICKKIDS)	16	$12,800	10	$20,500	8	$25,200	$58,500
THE OTTAWA HOSPITAL - CIVIC CAMPUS	41	$32,800	25	$51,250	15	$47,250	$131,300
THE OTTAWA HOSPITAL - GENERAL CAMPUS	8	$6,400	3	$6,150	3	$9,450	$22,000

THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE	21	$16,800	5	$10,250	1	$3,150	$30,200
TIMMINS AND DISTRICT HOSPITAL	3	$2,400	0	$0	0	$0	$2,400
TORONTO EAST HEALTH NETWORK - MICHAEL GARRON HOSPITAL	8	$6,400	4	$8,200	3	$9,450	$24,050
TRILLIUM HEALTH PARTNERS - CREDIT VALLEY HOSPITAL	9	$7,200	4	$8,200	2	$6,300	$21,700
TRILLIUM HEALTH PARTNERS - MISSISSAUGA HOSPITAL	26	$20,800	15	$30,750	8	$25,200	$76,750
UNITY HEALTH TORONTO – ST. JOSEPH'S HEALTH CENTRE	11	$8,800	5	$10,250	5	$15,750	$34,800
UNITY HEALTH TORONTO – ST. MICHAEL'S HOSPITAL	64	$51,200	41	$84,050	27	$85,050	$220,300
UNIVERSITY HEALTH NETWORK - TORONTO WESTERN HOSPITAL	25	$20,000	14	$28,700	10	$31,500	$80,200
UNIVERSITY HEALTH NETWORK - TORONTO GENERAL HOSPITAL	19	$15,200	11	$22,550	6	$18,900	$56,650
UNIVERSITY OF OTTAWA HEART INSTITUTE	14	$11,200	8	$16,400	5	$15,750	$43,350
WEST PARRY SOUND HEALTH CENTRE	3	$2,400	1	$2,050	0	$0	$4,450
WILLIAM OSLER HEALTH SYSTEM - BRAMPTON CIVIC HOSPITAL	36	$28,800	16	$32,800	12	$37,800	$99,400
WILLIAM OSLER HEALTH SYSTEM - ETOBICOKE GENERAL HOSPITAL	8	$6,400	2	$4,100	2	$6,300	$16,800
WINDSOR REGIONAL HOSPITAL - METROPOLITAN CAMPUS	7	$,5600	6	$12,300	5	$15,750	$33,650
WINDSOR REGIONAL HOSPITAL - OUELLETTE CAMPUS	34	$27,200	20	$41,000	13	$40,950	$109,150
WOODSTOCK HOSPITAL	2	$1,600	3	$6,150	1	$3,150	$10,900
OTHER	7	$5,600	1	$2,050	0	$0	$7,650
GRAND TOTAL	1,085	$868,000	571	$1,170,550	358	$1,127,700	$3,166,250

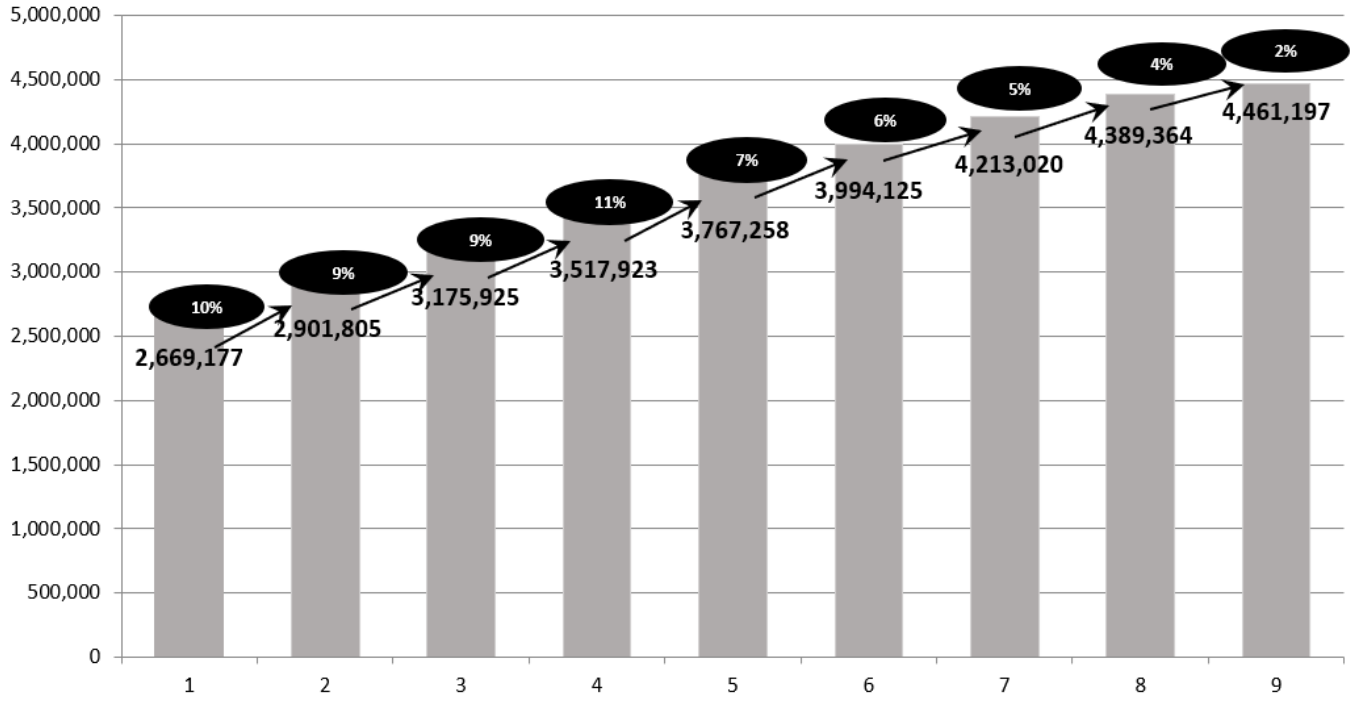
Figure 1: Percent of Registered Donors (Health Card Holders 16 years and older)



	Mar 31, 2018	Mar 31, 2019	Mar 31, 2020	Mar 31, 2021
Registered Donors	3,994,125	4,213,020	4,389,364	4,461,197
Total Health Card Holders	12,299,360	12,511,713	12,500,235	12,676,839

	Mar 31, 2018	Mar 31, 2019	Mar 31, 2020	Mar 31, 2021
Registration Rate	32%	34%	35%	35%

Figure 2: Growth in Registered Donors



	Mar 2012	Mar 2013	Mar 2014	Mar 2015	Mar 2016	Mar 2017	Mar 2018	Mar 2019	Mar 2020	Mar 2021
Registered Donors	2,423,291	2,669,177	2,901,805	3,175,925	3,517,923	3,767,258	3,994,125	4,213,020	4,389,364	4,461,197
Growth in Registered Donors (#)		245,886	232,628	274,120	341,998	249,335	226,867	218,895	176,344	71,833
Growth in Registered Donors (%)		10%	9%	9%	11%	7%	6%	5%	4%	2%

APPENDIX II – BOARD OF DIRECTORS

Board of Directors

Ontario Health Board membership for the 2020/21 fiscal year is listed below, along with their terms.

Board Members for Trillium Gift of Life Network	Current Term
Bill Hatanaka (Chair)	March 7, 2020 to March 6, 2022
Elyse Allan (Vice Chair)	March 7, 2020 to March 6, 2022
Jay Aspin	March 7, 2020 to March 6, 2023
Andrea Barrack	March 7, 2020 to March 6, 2022
Alexander Barron	March 7, 2020 to March 6, 2022
Jean-Robert Bernier	July 9, 2020 to April 8, 2022
Adalsteinn Brown	March 7, 2020 to March 6, 2022
Robert Devitt	March 7, 2020 to January 9, 2021
Garry Foster	March 7, 2020 to March 6, 2022
Shelly Jamieson	March 7, 2020 to March 6, 2022
Jacqueline Moss	March 7, 2020 to March 6, 2023
Paul Tsaparis	March 7, 2020 to March 6, 2022
Anju Virmani	March 7, 2020 to March 6, 2023

Remuneration paid to members of the Board of Directors, who also form the Board of Directors for Ontario Health, for the period April 1, 2020 to March 31, 2021, was paid and reported by Ontario Health.

APPENDIX III – MANAGEMENT GROUP

Name	Title
Teresa Almeida	Director, TOTAL Replacement
Courtney Barton	Manager, Human Resources
Janice Beitel	Director, Hospital Programs, Education & Professional Practice
Anjeet Bhogal	Manager, Operations & Privacy
Brent Browett	Director, Tissue
Christopher Calara	Director, Hospital Programs, Performance and Evaluation
Trevor Csima	Manager, Provincial Resource Centre - Organ
Ronnie Gavsie	President & CEO (until December 14, 2020)
Johann Govindaraj	Manager, Change Control & Infrastructure
Charlotte Grieve	Manager, Transplant Performance Measurement and Evaluation
Diana Hallett	Director, Provincial Resource Centre - Organ
John Hanright	Director, Quality Assurance & Improvement
Dr. Andrew Healey	Chief Medical Officer, Donation
Andrew Hinson	Program Manager, Kidney & Pancreas
Karen Hornby	Program Manager, Research
Anne Howarth	Manager, Hospital Programs
Karyn Hyjek	Director, Public Education and Marketing
Michelle Jarvi	Manager, Ocular Recovery - Tissue
Sylvia Johnson-Lay	Manager, Education & Professional Practice
Ryan Kalladeen	Program Manager, Transplant Systems Strategy
Rachel Levy	Manager, Public Education & Marketing
Janet MacLean	Vice President, Clinical Donation Services
Tony Nacev	Director, Finance & Administration
Amy Ni	Manager, Application Development
Clare Payne	Vice President, Clinical Transplant Systems
Versha Prakash	Chief Operating Officer Interim President and CEO (December 15, 2020 – March 31, 2021)
Ram Puva	Program Manager, Heart & Lung, Transplant
Marco Raggi	Manager, Surgical Recovery Services - Organ
Sasha Rice	Manager, Recovery - Tissue
Larissa Ruderman	Legal Counsel & Director, Human Resources
Robert Sanderson	Manager, Hospital Programs
Paula Schmidt	Manager, Hospital Programs
Vijay Seecharan	Manager, IT Data Solutions Delivery
Natalie Smigielski	Manager, Provincial Resource Centre - Tissue
Amanda Stypulkowski	Contract Program Manager, Transplant
Dr. Darin Treleaven	Chief Medical Officer, Transplant
Lucy Truong	Program Manager, Heart & Lung
Dan Tsujiuchi	Manager, Finance
Keith Wong	Director, Infrastructure & Operations

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, 2021

Independent auditor's report

To the Members of
Trillium Gift of Life Network

Opinion

We have audited the financial statements of **Trillium Gift of Life Network** [the "Network"], which comprise the statement of financial position as at March 31, 2021, and the statement of operations, the statement of changes in net assets and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Network as at March 31, 2021, and its results of operations and its cash flows for the year then ended in accordance with Canadian public sector accounting standards.

Basis for opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the financial statements* section of our report. We are independent of the Network in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information included in the Network's 2021 annual report

Management is responsible for the other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditor's report thereon.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information, and in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

We obtained the annual report prior to the date of this auditor's report. If, based on the work performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Emphasis of matter – transfer of the Network's assets and liabilities to Ontario Health

We draw attention to note 1 to the financial statements, which describes the transfer of assets and liabilities of the Network to Ontario Health effective April 1, 2021. The Network was dissolved on April 1, 2021 in accordance with the Order to Dissolve issued by the Minister of Health in accordance with the *Connecting Care Act*. Our opinion is not modified in respect to this matter.

Responsibilities of management and those charged with governance for the financial statements

Management is responsible for the preparation and fair presentation of the 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.

In preparing the financial statements, management is responsible for assessing the Network's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Network or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Network's financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 Network's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Network's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Network to cease to continue as a going concern.
- Evaluate the overall presentation, structure, and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Ernst & Young LLP

Toronto, Canada
June 23, 2021

Chartered Professional Accountants
Licensed Public Accountants

Trillium Gift of Life Network

Statement of financial position

As at March 31

	2021 $	2020 $
Assets		
Current		
Cash and cash equivalents	**11,801,716**	12,667,789
HST recoverable	**593,280**	1,143,529
Other receivables	**826,384**	215,278
Prepaid expenses	**648,777**	1,041,809
Total current assets	**13,870,157**	15,068,405
Capital assets, net *[note 3]*	**3,772,367**	4,764,669
	17,642,524	19,833,074
Liabilities and net assets		
Current		
Accounts payable and accrued liabilities	**5,559,453**	9,653,954
Due to the Ministry of Health *[note 4]*	**7,039,268**	3,685,279
Current portion of tenant inducement *[note 6]*	**102,065**	102,065
Total current liabilities	**12,700,786**	13,441,298
Deferred funding for capital assets *[note 5]*	**3,287,165**	3,946,016
Tenant inducement *[note 6]*	**518,831**	620,896
Total liabilities	**16,506,782**	18,008,210
Commitments *[note 11]*		
Net assets		
Unrestricted	**1,135,742**	1,105,589
Board restricted *[note 7]*	**—**	719,275
Total net assets	**1,135,742**	1,824,864
	17,642,524	19,833,074

See accompanying notes

On behalf of the Board:

Director

Director

Trillium Gift of Life Network

Statement of operations

Year ended March 31

	2021 $	2020 $
Revenue		
Ontario Ministry of Health [*note 4]*		
Operations	**39,846,994**	44,001,477
Transfer payments		
Transportation Services to Support Organ Donation	**2,371,838**	4,788,100
Deceased Organ Donation Funding to Hospitals	**3,269,506**	3,868,100
Eye Bank of Canada – Ontario Division	**2,575,881**	2,748,186
The Lake Superior Center for Regenerative Medicine	**680,000**	680,000
Transplant Patient Expenditure Reimbursement	**186,192**	445,000
Standard Acquisition Fees	**110,100**	537,500
Program for Reimbursing Expenses for Living Organ Donors	**94,500**	172,847
Amortization of deferred funding for capital assets *[note 5]*	**658,851**	774,704
Charitable donations	**74,775**	144,006
Interest income	**30,153**	186,590
Other income	**138,394**	131,841
	50,037,184	58,478,351
Expenses		
Salaries and employee benefits *[note 8]*	**27,692,830**	27,753,141
Deceased Organ Donation Funding to Hospitals	**3,269,506**	4,107,576
Medical supplies	**3,023,179**	3,647,970
Eye Bank of Canada – Ontario Division *[note 10[c]]*	**2,575,881**	2,748,186
Clinical operations and general *[note 9]*	**2,412,005**	2,679,746
Transportation Services to Support Organ Donation *[note 10[b]]*	**2,371,838**	5,303,341
Public education and marketing	**2,062,985**	2,373,208
Information systems	**1,620,970**	1,605,117
Organ Allocation Transplant System	**1,352,483**	2,766,847
Office rent and maintenance *[note 6]*	**1,231,622**	1,437,041
Amortization of capital assets	**1,109,771**	1,204,881
The Lake Superior Center for Regenerative Medicine	**680,000**	680,000
Transplant Patient Expenditure Reimbursement	**186,192**	459,140
Mapping Decision-Making Mechanisms & Implementation Procedures for Organ Sharing Policies	**111,449**	58,530
Standard Acquisition Fees	**110,100**	1,076,873
Program for Reimbursing Expenses for Living Organ Donors	**94,500**	172,847
Professional Education on Withdrawal of Life Sustaining Measures	**26,945**	73,311
Partnership Initiatives	**794,050**	—
	50,726,306	58,147,755
Excess (deficiency) of revenue over expenses for the year	**(689,122)**	330,596

See accompanying notes

Trillium Gift of Life Network

Statement of changes in net assets

Year ended March 31

	2021		
	Unrestricted	**Board restricted**	**Total**
	$	$	$
Net assets, beginning of year	**1,105,589**	**719,275**	**1,824,864**
Deficiency of revenue over expenses for the year	**(689,122)**	**—**	**(689,122)**
Interfund transfers, net *[note 7]*	**719,275**	**(719,275)**	**—**
Net assets, end of year	**1,135,742**	**—**	**1,135,742**

	2020		
	Unrestricted	**Board restricted**	**Total**
	$	$	$
Net assets, beginning of year	918,999	575,269	1,494,268
Excess of revenue over expenses for the year	330,596	—	330,596
Interfund transfers, net *[note 7]*	(144,006)	144,006	—
Net assets, end of year	1,105,589	719,275	1,824,864

See accompanying notes

Trillium Gift of Life Network

Statement of cash flows

Year ended March 31

	2021	2020
	$	$
Operating activities		
Deficiency of revenue over expenses for the year	**(689,122)**	330,596
Add (deduct) items not involving cash		
Amortization of capital assets	**1,109,771**	1,204,881
Amortization of deferred funding for capital assets	**(658,851)**	(774,704)
	(238,202)	760,773
Changes in non-cash working capital balances related to operations		
HST recoverable	**550,249**	(262,785)
Other receivables	**(611,106)**	353,890
Prepaid expenses	**393,032**	(666,446)
Accounts payable and accrued liabilities	**(4,094,501)**	495,240
Tenant inducement	**(102,065)**	(102,065)
Due to the Ministry of Health	**3,353,989**	947,790
Cash provided by (used in) operating activities	**(748,604)**	1,526,397
Investing activities		
Acquisition of capital assets	**(117,469)**	(383,606)
Cash used in investing activities	**(117,469)**	(383,606)
Net increase (decrease) in cash and cash equivalents during the year	**(866,073)**	1,142,791
Cash and cash equivalents, beginning of year	**12,667,789**	11,524,998
Cash and cash equivalents, end of year	**11,801,716**	12,667,789

See accompanying notes

Trillium Gift of Life Network

Notes to financial statements

March 31, 2021

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 assumed operations on April 1, 2002. The Network has a life-saving mission and operates 24/7. Its mandate is provincial in scope and includes:

- Planning, promoting and coordinating organ and tissue donation and transplantation;
- Obtaining consent for organ and tissue donation from families of potential donors;
- Managing the wait list for organ transplantation and allocating organs from donors to recipients;
- Recovering organs and tissue for transplantation from donors and ensuring their transport to the transplant hospital or tissue bank;
- Educating health care professionals about organ and tissue donation and transplantation;
- Raising awareness about organ and tissue donation and transplantation among the public and encouraging donor registration to maximize consent to donate organs and tissues;
- Supporting research to advance evidence-based innovation and best practices in donation and transplantation; and
- Publishing information and statistics on organ and tissue donation and transplantation.

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

On May 30, 2019, the *Connecting Care Act* [the "CCA"] was proclaimed with key sections of the CCA, including the creation of a new Crown Agency called Ontario Health, effective June 6, 2019. This legislation is a key component of the government's plan to build an integrated health care system. The CCA grants the Minister of Health [the "Minister"] the power to transfer assets, liabilities, rights, obligations and employees of certain government organizations, including the Network, into Ontario Health, a health service provider, or an integrated care delivery system. The CCA also grants the Minister the power to dissolve the transferred organizations.

On March 8, 2019, the members of the Board of Directors of Ontario Health were appointed to also constitute the Board of Directors of the Network. The Board of Directors of Ontario Health will oversee the transition process of transferring multiple provincial agencies into Ontario Health.

Notes to financial statements

March 31, 2021

On March 17, 2021, the Minister issued a transfer order to the Network. Effective April 1, 2021, the employees, assets, liabilities, rights and obligations of the Network will be transferred to Ontario Health for no compensation and then the Network will be dissolved. Below are the details of assets and liabilities transferred to Ontario Health based on their carrying values at March 31, 2021:

	$
Cash and cash equivalents	**11,801,716**
HST recoverable	**593,280**
Other receivables	**826,384**
Prepaid expenses	**648,777**
Capital assets *[note 3]*	**3,772,367**
Total assets	**17,642,524**
Accounts payable and accrued liabilities	**5,559,453**
Due to the Ministry of Health *[note 4]*	**7,039,268**
Deferred funding for capital assets *[note 5]*	**3,287,165**
Tenant inducement *[note 6]*	**620,896**
Total liabilities	**16,506,782**
Net assets transferred to Ontario Health	**1,135,742**

2. Summary of significant accounting policies

These financial statements are prepared in accordance with the *CPA Canada Handbook – Accounting,* "Public Sector" ["PS"], 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.

Notes to financial statements

March 31, 2021

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.

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 inducement

The tenant inducement represents an inducement received, which is 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.

Notes to financial statements

March 31, 2021

3. Capital assets

Capital assets consist of the following:

	2021		
	Cost	**Accumulated amortization**	**Net book value**
	$	$	$
Furniture and equipment	**1,747,233**	**1,439,291**	**307,942**
Leasehold improvements	**5,147,537**	**2,016,119**	**3,131,418**
Computer software	**1,237,052**	**1,237,004**	**48**
Computer hardware	**1,128,581**	**795,622**	**332,959**
	9,260,403	**5,488,036**	**3,772,367**

	2020		
	Cost	**Accumulated amortization**	**Net book value**
	$	$	$
Furniture and equipment	1,805,703	1,183,240	622,463
Leasehold improvements	5,147,537	1,501,365	3,646,172
Computer software	1,526,378	1,520,012	6,366
Computer hardware	2,333,822	1,844,154	489,668
	10,813,440	6,048,771	4,764,669

During the year, the Network wrote off $1,670,506 [2020 – nil] of fully amortized capital assets.

4. Due to the Ministry of Health

The continuity of due to the Ministry of Health is as follows:

	2021	**2020**
	$	$
Balance, beginning of year	**3,685,279**	2,737,489
Contributions received	**52,489,000**	58,189,000
Amount recognized as revenue	**(49,135,011)**	(57,241,210)
Balance, end of year	**7,039,268**	3,685,279

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:

	2021	2020
	$	$
Balance, beginning of year	**3,946,016**	4,720,720
Amortization of deferred funding for capital assets	**(658,851)**	(774,704)
Balance, end of year	**3,287,165**	3,946,016

6. Tenant inducement

In 2018, 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:

	2021	2020
	$	$
Balance, beginning of year	**722,961**	825,026
Amortization of tenant inducement	**(102,065)**	(102,065)
Balance, end of year	**620,896**	722,961
Less current portion	**102,065**	102,065
	518,831	620,896

7. Board restricted net assets

Board restricted net assets are used to support innovation, research and partnership initiatives related to organ and tissue donation and transplantation.

During the year, the Board of Directors approved the transfer of $719,275 from Board restricted net assets to unrestricted assets [2020 – $144,006 from unrestricted net assets to Board restricted net assets].

Notes to financial statements

March 31, 2021

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 $1,752,988 [2020 – $1,703,506] and are included in the statement of operations. The most recent valuation for financial reporting purposes completed by HOOPP as at December 31, 2020, disclosed net assets available for benefits of $104.0 billion with pension obligations of $79.9 billion, resulting in a surplus of $24.1 billion.

9. Clinical operations and general expenses

Clinical operations and general expenses include the following:

	2021	2020
	$	$
Clinical operations	**1,132,125**	1,229,625
Provincial recovery system	**500,000**	500,000
Professional fees	**188,642**	269,897
Other	**591,238**	680,224
	2,412,005	2,679,746

10. Related party transactions

The Network is controlled by the Province of Ontario through the Ministry of Health 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 to by the related parties.

[a] During the year, the Network made payments of $5,259,433 [2020 – $6,266,231] to hospitals pertaining to deceased organ donation funding, standard acquisition fees, provincial recovery systems and clinical supplies reimbursements.

[b] The Network has a transfer payment agreement with Ornge to provide transportation services to support organ donation and incurred expenses of $2,371,838 [2020 – $5,303,341] during the year.

[c] The Network has a transfer payment agreement with the Eye Bank of Canada – Ontario Division to provide services related to donated eye and related tissue for transplantation, research and teaching purposes and incurred expenses of $2,575,881 [2020 – $2,748,186].

[d] The Network made a payment to Ontario Health of nil [2020 – $86,726] for a review of the Organ Allocation System project.

Notes to financial statements

March 31, 2021

11. Commitments

Future minimum annual payments under operating leases for vehicles and office space, excluding operating costs, are as follows:

	$
2022	615,000
2023	664,000
2024	669,000
2025	656,000
2026	644,000
Thereafter	644,000

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 and accrued liabilities mature within six months.