



Trillium Gift of Life Network
Annual Report 2002-2003

Making healthcare work for you.





Ontario

Trillium Gift of Life Network

**Réseau Trillium pour le don
de vie**

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July 29, 2003

The Honourable Tony Clement
Minister of Health and Long-Term Care
10th Floor, Hepburn Block
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Minister Clement:

Pursuant to the *Trillium Gift of Life Network Act 2000, c. 39, s. 5, section 8.15 (1)*, we respectfully submit the 2002-03 Annual Report of Trillium Gift of Life Network.

Sincerely,

Darwin Kealey
President and CEO
Trillium Gift of Life Network

Brian Flood
Chairman of the Board of Directors
Trillium Gift of Life Network

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Mandate of the Network

1. To plan, promote, co-ordinate and support activities relating to the donation of tissue for transplant and activities relating to education or research in connection with the donation of tissue.
2. To co-ordinate and support the work of designated facilities in connection with the donation and transplant of tissue.
3. To manage the procurement, distribution and delivery of tissue.
4. To establish and manage waiting lists for the transplant of tissue and to establish and manage a system to fairly allocate tissue that is available.
5. To make reasonable efforts to ensure that patients and their substitutes have appropriate information and opportunities to consider whether to consent to the donation of tissue and to facilitate the provision of that information.
6. To provide education to the public and to the health care community about matters relating to the donation and use of tissue and to facilitate the provision of such education by others.
7. To collect, analyze and publish information relating to the donation and use of tissue.
8. To advise the Minister on matters relating to the donation of tissue.
9. To do such other things as the Minister may direct.

Message from the Chair and the CEO

This is the first Annual Report of Trillium Gift of Life Network (TGLN). It describes the work carried out during the twelve-month period ending March 31, 2003, TGLN's first official year of operations - the building of the organization and creation of its programs from scratch, and the beginning of the implementation of those programs - all with the goal of significantly improving the number of donors of organs and tissue in Ontario.

In the last thirty years organ transplantation has become a fully accepted mainstream medical treatment for those whose organs have failed. It saves lives and vastly improves the quality of life for those who receive transplants. Yet the very success of transplantation has resulted in the serious shortage of organs and tissue that we face today in Ontario and across Canada. At any time, more than 1700 very sick people are on the waiting list for a transplant in this province. And the waiting list continues to grow; many on the list will die waiting.

To address this crisis former Premier Mike Harris issued his "Millennium Challenge" to double the rate of organ and tissue donation in Ontario. He appointed the Premier's Advisory Board on Organ and Tissue Donation to develop a plan to reach this goal. The recommendations of the Premier's Advisory Board focused on three main areas:

- Improve the performance of hospitals in Ontario in identifying potential donors and carrying out the complex process that results in donation;
- Educate the residents of Ontario about organ and tissue donation and encourage them to donate; and
- Create an agency to lead this effort on a province-wide basis.

These recommendations were readily accepted and TGLN was created through the enactment of the *Trillium Gift of Life Network Act*, with all party support.

As TGLN's first year began it had four employees: its recently hired President and CEO, Darwin Kealey, one other member of the management team and two support staff. There was no office, no business plan, no budget, no programs and no operating infrastructure. At year-end TGLN was almost fully operational. It had in place a knowledgeable and energetic senior management team and staff; financial and other operational systems and controls; an active and committed Board of Directors and governance structure; a fully operational head office and Central and Northern Ontario Regional office sharing space in Toronto; a business plan and budget; an IT system to maintain the organ donation and transplant waiting list database; and materials and programs to educate and raise the awareness of the residents of Ontario about organ and tissue donation.

By year-end TGLN had also developed and begun implementing some of its key programs. One will assist hospitals with trauma and neurosurgery units to develop and enhance organ and tissue donation efforts in the hospitals since these hospitals are the sites of a large majority of donation opportunities. Another involves educating the public about organ and tissue donation. These initiatives, which were among the highest priority recommendations of the Premier's Advisory Board on Organ and Tissue Donation, together with work in many other areas, are reviewed in this Annual Report.

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During the year the Ministry of Health and Long-Term Care also implemented one of the essential recommendations of the Premier's Advisory Board: the reimbursement of hospitals for costs associated with the maintenance of potential donors. This is a major step forward in relieving the financial pressures on hospitals as they expand their organ donation activities. We are very grateful for the support of Minister Tony Clement and the Ministry in beginning to remove this significant barrier to donation.

We did not expect TGLN's efforts to result in an increase in donations during this start-up year. Indeed, this first year of operations is best described as the "foundation year" in that we believe we have laid the foundation of an organization with the plans and programs to effect a real increase in the number of organ and tissue donors in future years. But much needs to be done. We must reinforce and build on our foundation by ensuring our programs are fully and properly implemented, further developed and constantly improved. And we must expand our efforts from a primary focus on trauma and neurosurgical hospitals, and our initial emphasis on activity in the Greater Toronto Area, to all the hospitals and communities across the province.

In conclusion, we extend our sincere thanks to all those involved in establishing Trillium Gift of Life Network and developing its programs: Minister Clement, Minister of Health and Long-Term Care, the staff of the Ministry, the management and staff of TGLN, the members of the Board of Directors, the hospitals and health care community and our volunteers. With your effort, support and commitment a great deal has been achieved. However, our work has just begun. We look forward to the day when we can congratulate one another and all the people of Ontario for a dramatic increase in the number of lives saved and improved through a major increase in the number of organ and tissue donations and transplants.

Brian Flood
Chair, Board of Directors
Trillium Gift of Life Network

Darwin J. Kealey
President and CEO
Trillium Gift of Life Network

Executive Summary

On April 1, 2002, Trillium Gift of Life Network (TGLN or "the Network") officially opened for business and the year that followed was one of extensive activity, countless challenges, many successes and excitement about future prospects.

By March 31, 2003, the end of the 2002-03 year, the Network had delivered on an impressive list of accomplishments in its start-up year:

- Turning Trillium Gift of Life Network from a matter of government policy into a functioning entity with its operating core at its newly established head office, and an initial focus on the Greater Toronto Area from its Central and Northern Ontario regional office.
- Creating the physical plant – setting up its office in new premises, recruiting and training staff and maintaining and enhancing information technology, accounting and other operating systems and controls.
- Classifying all Ontario hospitals according to their relative ability to participate in organ and tissue donation activity.
- Entering into participation agreements with neurosurgical and trauma hospitals in the province, which provide for mutual cooperation and participation in organ and tissue donation programs.
- Implementing the initial phases of a hospital-based program for increasing organ and tissue donations, including:
 - the recruitment of In-Hospital Organ and Tissue Donation Coordinators to lead the effort in trauma and neurosurgical hospitals,
 - the development and introduction of donation education and awareness programs for healthcare staff,
 - establishing organ and tissue donation committees, and
 - training staff as requestors to approach families of potential donors to consider organ and tissue donation.
- Upgrading the existing information system to collect donation activity data for quality management, and to match and allocate donated organs and tissue with transplant recipients.
- Public education and awareness activities including:
 - updating and sponsoring the broadcast of a television documentary on organ and tissue donation,
 - launching the Network's first web site,
 - revamping the general information pamphlet with donor card and providing it in 12 different languages to hospitals, community groups and doctor's offices across Ontario,
 - initiating a 1-800 INFOLine service to handle telephone inquiries about organ and tissue donation in 19 languages,
 - producing and distributing a comprehensive resource kit and "how to" manual for its growing network of volunteers.

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- A number of working groups and coordinating committees were set up to more directly involve stakeholders in the Network's programs. These included:
 - Procurement Operations Consultation Group made up of Network representatives, transplant physicians and surgeons, critical care physicians and operating room staff,
 - Intensivist Stakeholder Advisory Group to foster a collaborative and productive working relationship between TGLN and those working in critical care medicine,
 - Laboratory Advisory Group to improve the standardization and consistency of donor screening testing protocols and optimize the recovery of safe, high quality organs and tissue, and
 - Tissue Working Group, which surveyed Ontario hospitals on the way they handle tissue (including corneas, heart valves, bone and skin) donation and transplants. Their work, and the valuable insight gained from the Tissue Information Forum sponsored by the Network, will help shape the Network's proposal on a comprehensive and coordinated approach to tissue donation and transplantation.

Beginning in December 2002, the Ministry of Health and Long-Term Care instituted a program to reimburse hospitals for donation-related costs such as I.C.U. costs, laboratory and diagnostic tests and operating room time. The ministry's commitment to fund these costs will help to eliminate an important hospital-based barrier to donation.

In 2002-03, Trillium Gift of Life Network built a strong foundation for future success. As the programs and plans established during the year are fully implemented, TGLN's hospital support efforts expand to all hospitals across the province and regional offices are established in the eastern and southwestern regions to focus efforts in those areas, TGLN expects to see real improvement in the number of organ and tissue donations in Ontario.

Establishing Trillium Gift of Life Network

The Government of Ontario created Trillium Gift of Life Network to help save and improve lives by maximizing organ and tissue donations available for transplantation in the province. It was a primary recommendation of the Premier's Advisory Board.

The Premier's Advisory Board noted that jurisdictions with the highest rates of organ and tissue donation are those that have a central organization responsible for leading organ donation activities. It recommended that the province create such an agency to be the "champion" of organ and tissue donation, to lead organ donation activities in the province, manage the procurement and distribution of organs and tissue, support hospitals and hold them accountable for their organ and tissue donation programs, and play a leading role in educating the public.

In December 2000, the Ontario government passed the *Trillium Gift of Life Network Act* to create this new agency. By late March 2001 a Board of Directors had been appointed representing critical care and transplant physicians, other healthcare workers, organ donor families, transplant recipients and the interested public. In May the Board had its first meeting and authorized the search for a President and CEO. In October, Darwin Kealey was selected as the first President and CEO of TGLN. He assumed his role in December 2001.

From this point the race was on to assemble a management group and the support team that would develop a plan to implement the other recommendations of the Premier's Advisory Board. In April 2002, TGLN officially assumed the role of the agency charged with the task of maximizing organ and tissue donation in Ontario. Along with this task TGLN immediately assumed the responsibility for the computerized organ donation and transplant waiting list database previously operated by Organ Donation Ontario. TGLN had to maintain this critical system while building momentum, creating new levels of service and strengthening programs as mandated by the Ontario government.

Highlights

In 2002-03, the first challenge was to build a credible organization with the support, management, staff and processes to make the Network function responsibly. This saw the staff expand from four to more than 50 at geographically dispersed sites across the province by the end of the fiscal year.

In April TGLN moved into permanent headquarters at 155 University Avenue, Toronto, where the Central and Northern Ontario Regional Office was co-located and a clinical call centre later established.

Hospital and Professional Services

In leading and managing the province-wide effort to increase donation, TGLN has made hospital and professional services a top priority because of the essential role that hospitals and healthcare professionals play in the organ and tissue donation process.

TGLN's work in this area is embedded in the objective of fostering a hospital culture that routinely identifies each potential organ and tissue donor and that offers the option of donation as part of quality end-of-life care and that positions donation as a life-affirming act of generosity that everyone should think about and discuss with their families.

Overall, the aim is to work with hospitals to determine how the resources of TGLN can best address unmet needs and to help overcome barriers to organ and tissue donation that arise in hospitals.

Highlights

Hospital-Based Programs

In 2002-03, a key achievement of the Network's Hospital and Professional Services program was the recruitment and training of In-Hospital Organ and Tissue Donation Coordinators for trauma and neurosurgical hospitals in Ontario. The recruitment was conducted by TGLN in close cooperation with the hospitals. An extensive training program was developed by TGLN to train these coordinators.

The Donation Coordinator's job ranges from creating or customizing their hospital's organ and tissue donation program, to conducting education and awareness programs for hospital staff and talking with families about potential donations or training others to do so.

They are an essential part of the Network's efforts to work with hospitals in a supportive and collaborative manner. For those centres with well-established programs and protocols, the coordinators will enhance what exists. They are also committed to share proven strategies with hospitals across the province so that, over time, tailored donation programs can be implemented in every Ontario hospital.

In order to provide a seamless 24/7 donation service, In-Hospital Donation Coordinators are supplemented by an on-call team which provides support to donor families and hospital staff during the maintenance of an organ donor.

Five-Point Program of Support for Ontario Hospitals

In addition to the In-Hospital Donation Coordinators, Trillium Gift of Life Network provides hospital-level support in five ways:

- Standardized organ and tissue donation procedures through Donation Protocols developed by the Network that establish procedures and roles for every step in the donation process
- Education Services to address the training needs of healthcare professionals within hospitals regarding organ and tissue donation, especially those working in Intensive Care/Critical Care Units and in Emergency departments
- Establishment of hospital-based Organ and Tissue Donation Committees responsible for overseeing and providing support for the implementation and progress of donation programs in the hospital
- Donation Requestor Team Training for staff whom hospitals designate as individuals suited to approach families of potential donors about organ and tissue donation
- Awareness promotion within hospitals of organ and tissue donation programs, activities and issues

Classification of Ontario Hospitals

One of the first tasks of the Network was to recommend to the Ministry of Health and Long-Term Care classification categories into which Ontario hospitals would be placed according to their relative ability to participate in organ and tissue donation activity. This classification (A, B, C or D) would also determine the sequence and timeframe for implementation of TGLN's hospital program in each institution.

Type 'A' hospitals are those with trauma centres and/or neurosurgical programs. TGLN's five-point program has been first introduced into Type A hospitals. Hospitals without trauma and/or neurosurgical programs but with the potential to facilitate the entire organ donation process on site are grouped in Type 'B'. Type 'C' are those hospitals that have ventilator capacity but are not able to carry out the entire donation process on-site. Type 'D' hospitals include those without ventilator capacity that are still important sources of referrals for tissue donation.

Participation Agreements

During fiscal year 2002-03, Trillium Gift of Life Network entered into participation agreements with the Type A facilities in the province in which each party commits to mutual cooperation and participation in organ and tissue donation activity. These agreements spell out how TGLN and the hospitals work together to increase organ and tissue donation in the hospitals. (See Appendix V for sample agreement.)

Organ Donation Scorecard

In addition, the Network began work on a donation activity scorecard for the province. This scorecard introduces a new and more meaningful way of monitoring organ donation activity, with a view to determining the potential for organ donation in a geographic area, and the factors that influence actual donations.

The present unofficial practice of measuring cadaveric organ donation performance by dividing the number of donors in a jurisdiction into the overall population in that area and expressing this as "donors per million of population" (dpmp) is increasingly considered to be an inaccurate measurement of organ donation performance. It does not take into account that as a result of such things as motorcycle helmet and seatbelt laws or the frequency of gunshot deaths, the number of brain dead persons, and accordingly the number of potential organ donors, may vary from jurisdiction to jurisdiction.

The objective of this new scorecard is to more precisely measure a hospital's support for, and its actual performance regarding, organ donation. Cumulatively, these results will give a truer indication of the success of the provincial organ donation program.

Living Donation

Living donation is an increasingly important source of organs for transplant – accounting for most of the increase in the number of donations over the last decade. Since 1992, living donations have increased by 254 percent compared to a three percent increase in cadaveric donations (donations from deceased donors).

Living kidney donations are now the most common, and to date, most successful transplant procedures. Advances in transplant medicine have more recently made living liver and lung donations possible. Long-term survival rates for recipients of living kidney donations are typically higher than for recipients of cadaveric organs. Living kidney donation can also mean a shorter time on dialysis or a chance to avoid the need for dialysis altogether. With living donations, waiting times can be potentially reduced to months (versus years for cadaveric donation) contributing to better health after the transplant surgery.

Initially only blood relatives were considered suitable as living donors, but as experience in living donation developed it became apparent, and is now fully accepted, that a blood relationship is unnecessary for a successful donation and spouses and friends are now accepted as fully suitable donors. With the success of living donation, its future potential for assisting with the terrific shortage in available organs provides exciting opportunities and raises important ethical questions as our community deals with such issues as altruistic donors. What is clear is that there is a serious lack of knowledge among the public about the opportunities for living donation. TGLN plans to change this.

Highlights

In 2002-03, a major ally agreed to help TGLN educate the public on the opportunities for and the importance of living donation. The 300 members of the Toronto Automobile Dealers Association are preparing to distribute pamphlets, donor cards, posters and printed information of Trillium Gift of Life Network in their showrooms across the Greater Toronto Area. These publications will stress the importance of organ and tissue donation – especially living donation - to the hundreds of Ontario residents whose lives hang in the balance as they wait for donated organs or tissue.

Increasing the number of living donations will be a focus of public education efforts in fiscal year 2003-04.

Tissue Donation

Trillium Gift of Life Network's solid organ (kidney, heart, lung, liver, pancreas, small bowel) and tissue (cornea, heart valve, skin, bone) donation activities are inextricably linked. The potential for tissue donation is much greater than for organ donation. For example, there were 136 times more tissue donors than cadaveric organ donors in 2001. This is because while only brain dead persons are eligible to be organ donors, all deceased persons are eligible to be tissue donors. In addition, while organs must be transplanted immediately or be lost, tissue can be processed and is typically stored in tissue "banks" for future use.

The tissue donor can originate from not only the critical care unit of a hospital, but also the emergency room and palliative care, chronic care and medical surgical units – that is, generally anywhere a death occurs. In addition, while organ donors are found in the Type A, B and C hospitals, tissue donors are found in all hospitals as well as long-term care facilities. As a result, tissue donation has major potential in creating and establishing a positive donation culture in the hospital setting and the general community at large.

Developing programs for tissue donation education, awareness and procurement at more than 160 hospital corporations has a powerful potential to familiarize many more front line staff and auxiliary personnel with the donation process and with the positive outcome of donation. The potential for raising donation awareness in the community is also significant because with tissue donation, more families would be directly affected. Many more families could thus share their donation experience with others in the community.

TGLN's long-term objective is to develop a model made in and for Ontario for the donation, procurement, distribution, delivery and use of tissue – replacing the present fragmentary, locally run systems.

Highlights

Early in 2002-03, TGLN established a Tissue Working Group to determine the state of tissue donation and banking in Ontario as well as to evaluate future provincial needs and demand for tissue transplants. This effort, which occurred over a four-month period, was the first time in Ontario that the tissue banking facilities had participated together in a shared goal of improving the tissue donation system in the province.

The Tissue Working Group conducted a survey of all Ontario hospitals to identify those facilities involved with collecting, processing and distributing tissue for transplantation. The survey results provided a comprehensive list of the many sites handling donated tissue. The information gathered from this survey will not only help the Network develop a coordinated tissue program, but will also provide a basis for the tissue facilities to share information on safe and best practice standards.

Data collection of tissue donations and tissue allograft production and distribution was an important initiative of the Tissue Working Group. For the first time, benchmark tissue donation and distribution

data was collected in Ontario. The Group also reviewed waiting lists and allocation processes, determined the tissue data set for reporting requirements to the Network and provided recommendations regarding a working relationship between tissue facilities and the Network.

TGLN also sponsored a successful Tissue Information Forum in January 2003. The valuable insight gained from the Forum and the output of the Tissue Working Group will help shape TGLN's proposal for a comprehensive and coordinated approach to tissue donation and transplantation.

All of the Network's in-hospital educational programs and other hospital based donation programs incorporate tissue donation information as an integral element. As well, the public awareness materials designed for use across the province include tissue donation information along with organ donation information.

Public Awareness and Education

In Ontario there is a high degree of awareness on the part of the public about organ and tissue donation. Support for the basic concept of donation is almost universal. In fact, recent surveys show that 93 percent of Ontario's population supports the idea of organ donation for transplantation and that about 97 percent would give their consent when they knew a family member wanted to donate. Yet only 49 percent of individuals report having signed a donor card and fewer than one-third have talked to their families about their decision regarding organ and tissue donation. And most importantly, while specific data is not available for Ontario, information from other jurisdictions suggest the number of families that actually consent to donation when the time comes is less than 50 per cent.

The challenge facing TGLN is to inspire individuals to consider what their wishes would be in case of their death, and further move them to have a discussion with their loved ones to help ensure their wishes are respected. Nothing less than an attitudinal shift that results in organ and tissue donation becoming a cultural norm will be sufficient to bridge the widening gap between those in need of a transplant in Ontario and available organs and tissue. Thus, the focus of public awareness and education activity in fiscal 2002-2003 has been to highlight the need for family discussions about personal decisions regarding organ and tissue donation and deliver this message to a broad cross-section of cultural communities across the province.

Highlights

In 2002-03, Trillium Gift of Life Network updated and sponsored the broadcast of a television documentary on organ and tissue donation. The documentary has been edited and used in a variety of forums.

TGLN also created and launched its first web site - www.giftoflife.on.ca - and revamped its general information pamphlet with donor card and provided this in 12 languages to hospitals, community groups and doctor's offices across Ontario. The Network is also equipped to handle telephone inquiries about organ and tissue donation in 19 languages at its 1-800-263-2833 number.

To support grass-roots volunteer activity in promoting organ and tissue donation in communities across the province, TGLN produced and distributed a comprehensive resource kit and "how to" manual for its growing network of volunteers.

The Network also developed an advertising campaign to be launched in fiscal 2003-04 to raise awareness. The message at the heart of these communications activities emphasizes the critical first steps to donation – urging people to "Sign a donor card" and "Talk to your family about your wishes so they can understand and respect them in the future." Next fiscal year will also see a greater focus on increasing living donation.

Planning was completed for a campaign of public service advertising; TGLN is seeking private sector partners to assist in this phase of its public awareness. In the past there has been strong interest shown by national transit and outdoor media companies to promote organ donation. TGLN is optimistic that the interest of these companies can be renewed and expanded.

Information Systems

Technology is crucial to the provision of life-saving transplants.

Trillium Gift of Life Network relies on its information technology systems to manage the transplant waiting list, match organ donors and recipients, and to coordinate the procurement of donated organs and tissue with the delivery of these to waiting transplant teams. TGLN also relies on its information systems to measure and evaluate the success of the programs and policies it puts into place.

These systems link TGLN with hospitals, health facilities and other institutions such as tissue banks across the province. Healthcare professionals working in the fields of donation and transplantation access this database around the clock, 365 days a year.

TGLN's Information Systems staff members also gather and maintain statistics regarding transplant waiting lists and organ donations and allocation across the province.

Highlights

In 2002-03, the Information Systems team created the electronic infrastructure for the Network's new head office at 155 University Avenue in Toronto. They also replaced the existing network infrastructure with Smart Systems for Health technology. This allowed the Network to offer access to its Information Services to the majority of hospitals and healthcare institutions in the province, providing 'real time' allocation of organs and tissue at a fraction of the former cost.

The Network inherited the organ donation and transplant waiting list database of Organ Donation Ontario. Since there could be no interruption in this vital service, the existing database was transferred to TGLN's new data centre and is being enhanced to better suit the needs of the community. Concurrently, work was begun on a new database, tentatively named "TOTAL." Once developed and implemented TOTAL is expected to serve the data needs of the Network for years to come.

One of the first upgrades to the existing database was to convert it to a web-based platform. As the Network adds more mobile and geographically dispersed staff and other system users, it is becoming crucial to allow staff to access TGLN information and resources from remote locations. In late 2002, Information Systems created a 'virtual private network', which offered secure access to the corporate network from remote locations while reducing operating costs.

TGLN has also established an in-house Information Systems capability with expertise in business applications development, network administration, database administration, biological statistics, and network security, training and customer service.

Results of TGLN's 2002-03 Performance Objectives

The following are the 2002-03 performance objectives of Trillium Gift of Life Network contemplated by the Ministry-approved TGLN budget.

Hospital and Professional Services

Network Performance Objectives	Met	Not Met
In-Hospital Organ and Tissue Donation Coordinators hired and in place	•	
All Type 'A' facilities (hospitals with regional trauma and/or neurosurgical programs) to have operational organ and tissue donation programs reflecting TGLN's Five-Point Plan	•	
Provincial organ and tissue protocols and practices reviewed by the Clinical Advisory Committee and approved by the TGLN Board of Directors	•	
Family support program developed and in place in Type 'A' hospitals	•	
Clinical Call Centre established and fully operational in the Central and Northern Ontario region	•	

Living Donation

Network Performance Objectives	Met	Not Met
Report of Working Group on Living Donation completed (see Note below)		•
Detailed work plan to address special needs of living donors and promotional assistance required to increase living donations completed (see Note below)		•

Note:

While lack of resources precluded the launch of the substantive program in 2002-03, increasing the number of living donations will be a focus of public education efforts in fiscal year 2003-04.

Tissue Donation

Network Performance Objectives	Met	Not Met
Phase 1 report of Tissue Working Group completed including identification of tissue handling facilities in Ontario and preliminary needs assessment for tissue allografts	•	
Definition of reporting information and reporting requirements completed	•	

Public Awareness and Education

Network Performance Objectives	Met	Not Met
Public information materials available in 12 languages. "INFOline" public inquiry system capable of responding in 19 languages	•	
Three issues of Network newsletter published (see Note below)		•
Three stakeholder councils operational (see Note below)		•
Manual for volunteers produced in English and French	•	
Advertising campaign developed	•	
Increased awareness and understanding of organ and tissue donation reflected in media tracking	•	
Collaborative communications strategy developed in consultation with stakeholder groups	•	

Note:

The first issue of the Newsletter was developed in 2002-03 for publication in 2003-04. Plans call for the publication of four issues in 2003-04. Establishment of stakeholder councils deferred to 2003/04 because of delay in filling related staffing positions.

Information Systems

Network Performance Objectives	Met	Not Met
Transition of the Organ Donation Ontario information technology (IT) system to TGLN completed	•	
All organ and tissue donation programs will have access to TGLN's Information Technology (IT) system to enable real-time allocation of organs and tissue	•	
Set up of head office local area network completed	•	
Web-based system for national critical patients list ready	•	
Enhancements to the allocation system completed	•	
Phases II and III of IT System Project completed	•	
Business plan for new IT system for TGLN completed and approved by Board of Directors (see Note below)		•

Note:

Plan prepared for consideration by the Board at its March 31 meeting, which was cancelled because of SARS outbreak.

Appendices

I Audited Financial Statements

II Board of Directors

III Key Staff of Trillium Gift of Life Network

IV Statistics

V Hospital Participation Agreement

Financial Statements

Trillium Gift of Life Network

March 31, 2003

AUDITORS' REPORT

To the Members of
Trillium Gift of Life Network

We have audited the statement of financial position of **Trillium Gift of Life Network** as at March 31, 2003 and the statements of operations, changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2003 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Toronto, Canada,
May 9, 2003.

Ernst + Young LLP

Chartered Accountants

Trillium Gift of Life Network

STATEMENT OF FINANCIAL POSITION

As at March 31

2003
\$

ASSETS

Current

Cash	880,660
GST recoverable	124,443
Prepaid expenses	60,810
Total current assets	1,065,913
Capital assets, net <i>[note 3]</i>	287,810
	1,353,723

LIABILITIES AND NET ASSETS

Current

Accounts payable and accrued liabilities	1,035,990
Deferred capital contributions	287,810
Total liabilities	1,323,800
Commitments <i>[note 6]</i>	

Net assets

Unrestricted	4,140
Board restricted <i>[note 4]</i>	25,783
Total net assets	29,923
	1,353,723

See accompanying notes

On behalf of the Board:



Director



Director



Trillium Gift of Life Network

STATEMENT OF OPERATIONS

Year ended March 31

	2003
	\$
<hr/>	
REVENUE	
Ontario Ministry of Health and Long-Term Care <i>[note 7]</i>	6,853,614
Amortization of deferred capital contributions	82,297
Donations	25,783
Other income	4,140
	<hr/> 6,965,834
EXPENSES	
Salaries and employee benefits	2,622,453
Communications	2,008,802
General and administrative	573,505
Information systems	492,430
Medical supplies and testing	300,785
Office rent and maintenance	297,870
Amortization of capital assets	82,297
One time start up	557,769
	<hr/> 6,935,911
Excess of revenue over expenses for the year	<hr/> 29,923

See accompanying notes



Trillium Gift of Life Network

STATEMENT OF CHANGES IN FUND BALANCES

Year ended March 31, 2003

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

See accompanying notes



Trillium Gift of Life Network

STATEMENT OF CASH FLOWS

Year ended March 31

	2003
	\$
<hr/>	
OPERATING ACTIVITIES	
Excess of revenue over expenses for the year	29,923
Add (deduct) items not involving cash	
Amortization of capital assets	82,297
Amortization of deferred capital contributions	(82,297)
	<hr/> 29,923
Changes in non-cash working capital balances related to operations	
GST recoverable	(124,443)
Prepaid expenses	(60,810)
Accounts payable and accrued liabilities	1,035,990
Cash provided by operating activities	<hr/> 880,660
INVESTING ACTIVITIES	
Purchase of capital assets	(370,107)
Cash used in investing activities	<hr/> (370,107)
FINANCING ACTIVITIES	
Contributions received for capital purposes	370,107
Cash provided by financing activities	<hr/> 370,107
Net increase in cash during the year and cash, end of year	<hr/> 880,660

See accompanying notes



Trillium Gift of Life Network

NOTES TO FINANCIAL STATEMENTS

March 31, 2003

1. ORGANIZATION

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

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Revenue recognition

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

Capital assets

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

Furniture	5 years
Leasehold improvements	5 years
Computer equipment	3 years



Trillium Gift of Life Network

NOTES TO FINANCIAL STATEMENTS

March 31, 2003

Employee benefit plan

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

Contributed materials and services

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

Use of estimates

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

3. CAPITAL ASSETS

Capital assets consist of the following:

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

4. INTERFUND TRANSFER

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

Trillium Gift of Life Network**NOTES TO FINANCIAL STATEMENTS**

March 31, 2003

5. EMPLOYEE BENEFIT PLAN

Substantially all of the employees of the Network are eligible to be members of the Hospitals of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit, final average earnings, contributor pension plan. HOOPP is accounted for as a defined contribution plan. The Network's contributions made to HOOPP during the year amounted to \$128,366, and are included in salaries and employee benefits in the statement of operations. The most recent actuarial valuation of HOOPP as at December 31, 2001 indicates HOOPP is fully funded.

6. LEASE COMMITMENTS

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

	\$
2004	138,500
2005	86,900
2006	33,000
2007	2,800
2008 and thereafter	1,900
	<hr/> 263,100

7. ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE

The operations of the Network are funded primarily by the Ontario Ministry of Health and Long-Term Care [the "Ministry"]. These financial statements reflect agreed-upon funding arrangements approved by the Ministry with respect to the year ended March 31, 2003. The total funding for each fiscal year is not finalized until the Ministry has reviewed the financial statements for that particular year. The Network considers that the amounts recorded reflect all proper adjustments. Adjustments resulting from the Ministry's review, if any, will be reflected in the statement of operations in the following year.

Appendix II: Board of Directors

	Appointed	Expires
Brian Flood , Chair Toronto	March 5, 2001	March 4, 2004
Sue Wilson , Vice-Chair Kingston	March 5, 2001	March 4, 2004
Frank Bagatto Windsor	March 5, 2001	March 4, 2004
Dr. Andrew Baker Toronto	March 5, 2001	March 4, 2004
Bryan Bowers Kingston	March 5, 2001	March 4, 2004
Andrea Brunette Ottawa	March 5, 2001	March 4, 2004
*Fides Coloma Toronto	March 5, 2001	March 4, 2004
Dean Connor Toronto	March 5, 2001	March 4, 2004
Barbara Fox Toronto	March 5, 2001	March 4, 2004
Dr. David Grant Toronto	March 5, 2001	March 4, 2004
Dr. Roy Masters Ottawa	March 5, 2001	March 4, 2004
*Dr. David Russell Hamilton	March 5, 2001	March 4, 2004
*Dr. Sam Shemie Toronto	March 5, 2001	March 4, 2004
Bob Nesbitt Thorold	March 5, 2001	March 4, 2004
Dr. William Wall London	March 5, 2001	March 4, 2004
Dr. Joe Pagliarello Ottawa	January 3, 2003	March 4, 2004

** Denotes members who have resigned during this year*

Appendix III: Key Staff

Darwin J. Kealey, President and Chief Executive Officer
Dr. Cameron Guest, Chief Medical Officer
Nadine Saby, Vice President, Operations and Community Relations
Mark Vimr, Vice President, Hospital and Professional Services
Tracey Carr, Vice President, Central and Northern Ontario Region
Fides Coloma, Tissue Coordinator
Sarah K. Jones, Director of Communications
Greg Kalyta, Manager, Informatics and Application Support
Allison Kelly, Executive Coordinator, Corporate and Public Affairs
Deborah Lanktree, Business Manager
Clare Payne, Clinical Services Manager

In-Hospital Organ and Tissue Donation Coordinators

Michael Garrels, Community Hospital Coordinator, Central and Northern Region
Sandi Gill, Trillium Health Centre, Mississauga
Nancy Hemrica, Hamilton Health Sciences Centre
Danielle Herold, Sunnybrook & Women's College Health Sciences Centre, Toronto
François Lemaire, The Ottawa Hospital
Cheryle Anne MacBelford, London Health Sciences Centre
Lisa McCarthy, Hospital for Sick Children, Toronto
Jill Moore, St. Michael's Hospital, Toronto
Sandra Petzel, Thunder Bay Regional Hospital
Yvonne St. Denis, Sudbury Regional Hospital
Brian St. Louis, Hotel Dieu Grace Hospital, Windsor
Sandra Skerratt, University Health Network, Toronto
Kelly Walker, Kingston General Hospital

Appendix IV: Statistics

The following tables reflect organ donation and transplant activity for the period April 1, 2002 to March 31, 2003. Data within these tables is subject to change due to future data submissions or corrections from reporting hospitals.

Donors:

The primary focus of the Network is to increase donation of organs, be it from living donors or critically injured patients who have been declared brain dead (cadaveric donors). The number of cadaveric donors from Ontario or out-of-province and living donors (Ontario only) appears in the following table.

Total Cadaveric and Living Organ Donors			
April 1, 2002 to March 31, 2003			
Ontario (cadaveric)	Out-of-province (cadaveric)	Ontario (living)	Total Organ Donors
133	78	205	416

Living Donors:

As individuals in need of a transplant, as well as the general public, become better educated regarding living donation, its selection as a treatment option continues to increase. The following figures show the proportion of living donor transplants as a percentage of total kidney and liver transplant activity at each Ontario transplant centre. In Ontario, the only living donor transplants performed in 2002-03 were living kidney and liver transplants.

Living Donor Transplantation as a Percentage of Total Kidney and Liver Transplantation			
2002-2003			
Region	Living Kidney and Liver Transplants	Total Kidney and Liver Transplants	% Living Donor Transplants
Hamilton	33	58	56.9%
Kingston	1	5	20.0%
London	21	152	13.8%
Ottawa	15	52	28.8%
Toronto	135	268	50.4%
ONTARIO	205	535	38.3%

Donor Referrals:

A primary goal of Trillium Gift of Life Network is to provide the option of donation to the family of every potential donor. One of the indicators that will measure Trillium Gift of Life Network's success in this area is the number of potential organ donors identified ("referred") at Ontario hospitals. The referral numbers for the fiscal year 2002-2003 appear below.

Cadaveric Donor Referrals					
April 1, 2002 to March 31, 2003					
Total Referrals	Actual Donors	Consent declined	Not able to declare	Medically unsuitable	* Other
288	133	64	28	39	24

* Other can include: no next of kin available, no recipients available because of organ size or blood type, no medical staff available, distance to procurement or transplant centre, age of donor organs, logistics and timing, and an inability to maintain or stabilize a donor.

Cadaveric Organ Procurement:

Trillium Gift of Life Network strives to maximize the number of organs that can be safely transplanted from each organ donor. Factors such as age, health and medical history of donors influences the number of organs available for transplant. The organ procurement statistics for the fiscal year 2002-2003 appear below.

Cadaveric Organ Procurement					
April 1, 2002 to March 31, 2003					
Region	Actual Donors	Organs Recovered	Recovered per donor	Organs Transplanted	Transplanted per donor
Hamilton	19	78	4.1	65	3.4
Kingston	5	28	5.6	19	3.8
London	34	129	3.8	108	3.2
Ottawa	24	85	3.5	70	2.9
Toronto	51	196	3.8	139	2.7
ONTARIO	133	516	3.9	401	3.0
Out-of-province	78	106	N/A	106	N/A
TOTAL	211	622	N/A	*507	N/A

Note: The number of organs transplanted will not equal the number of individual transplants performed because some individuals receive more than one organ in a transplant procedure (e.g. a kidney and pancreas transplant), and this is counted as one transplant.

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Transplants:

The end result of all the work that occurs within the organ donation system is getting people transplanted and back to leading more normal, healthy lives. In fiscal year 2002-2003, 683 individuals received transplanted organs. Transplant statistics for each program and organ appear below. Living donation transplants are indicated by the word "live" in parentheses.

Individuals Receiving Transplants										
April 1, 2002 to March 31, 2003										
	Kidney	Kidney (live)	Kidney Pancreas	Pancreas	Liver	Liver (live)	Heart	Lung	Heart- Lung	TOTAL
2002	184	176	23	5	146	29	59	59	2	683

Waiting List:

As of March 31, 2003 there were 1843 patients waiting for organ transplants, including 453 patients 'on-hold' due to temporary medical conditions. The number of patients waiting by specific organ is broken down in the accompanying table.

Waiting List							
April 1, 2002 to March 31, 2003							
Kidney	Kidney Pancreas	Pancreas	Liver	Heart	Lung	Heart-Lung	TOTAL
1393	39	1	324	43	30	4	1834

Appendix V: Hospital Participation Agreement

TRILLIUM GIFT OF LIFE NETWORK

Hospital Participation Agreement Type A Hospitals

This Agreement is between the Trillium Gift of Life Network (the “Network”), a corporation without share capital incorporated under *the Trillium Gift of Life Network Act* (Ontario) and (Hospital Name) (“Participating Hospital”), an Ontario public hospital subject to the Public Hospitals Act (Ontario).

The purpose of this Agreement is to set out guiding principles, accountabilities, deliverables and expectations between the Participating Hospital and the Network in support of hospital organ and tissue donation programs, in accordance with the *Trillium Gift of Life Network Act*. Through collaboration with Ontario public hospitals, the Network will enable every Ontario resident to make an informed decision to donate organs and tissue and to support healthcare professionals in implementing such wishes.

The Network’s professional staff practice the ethics of care, truthfulness and compassion in which protection of the patients’ and their families’ rights to privacy and confidentiality are respected, in accordance with the *Trillium Gift of Life Network Act* and other applicable legislation.

A. Background

1. The Network is an agency of the Government of Ontario, accountable to the Minister of Health and Long-Term Care.
2. The mandate of the Network under the *Trillium Gift of Life Network Act* (“Act”) is as follows:
 - (a) To plan, promote, coordinate and support activities relating to the donation of organs and tissue for transplant and activities relating to education and research in connection with the donation of organs and tissue;
 - (b) To coordinate and support the work of hospitals and other designated facilities in connection with the donation and transplant of organs and tissue;

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- (c) To manage the procurement, distribution and delivery of organs and tissue;
 - (d) To establish and manage waiting lists for the transplant of organs and tissue and to establish and manage a system to fairly allocate organs and tissue that are available.
 - (e) To make reasonable efforts to ensure that patients and their representatives have appropriate information and opportunities to consider whether to consent to the donation of organs and tissue and to facilitate the provision of that information;
 - (f) To provide education to the public and to the health care community about matters relating to the donation and use of organs and tissue and to facilitate the provision of such education by others;
 - (g) To collect, analyze and publish information relating to the donation and use of organs and tissue;
 - (h) To advise the Minister of Health and Long-Term Care on matters relating to the donation of organs and tissue; and
 - (i) To do such other things as the Minister may direct.
3. Pursuant to this mandate the Network will work with public hospitals and other institutions in Ontario, including the Participating Hospital, with a view to optimizing organ and tissue donation outcomes in Ontario.
 4. Since the Participating Hospital offers specialized trauma and/or neurosurgery services, it is likely to have more opportunities for organ and tissue donation than some hospitals. As a result, it and a number of hospitals in Ontario providing similar services have been designated by the Network as “Type A Hospitals”.
 5. The core elements of the Network’s plan to improve organ and tissue donation in Ontario hospitals are included in a “Five-Point Donation Program” which consists of:
 - Professional Education - to educate the professionals in hospitals about organ and tissue donation;
 - Donation Requestor Teams - to create in each hospital a team with the skill, training and personal qualities to request consent to donation in an appropriate manner;
 - Promotion of Organ and Tissue Donation Awareness - to develop and maintain in the hospitals a culture and enthusiasm for supporting organ and tissue donation;

- Organ and Tissue Donation Protocols - to establish and maintain in each hospital protocols with a view to ensuring that systems are in place, understood and complied with, such that each potential donor has the opportunity to become a donor;
- Organ and Tissue Donation Committees - to establish a committee in each hospital that will develop and oversee the administration of the Five-Point Donation Program in the hospital, and to appoint a Chair of this committee who has the stature in the hospital necessary to successfully lead the committee and the hospital.

In addition, Trillium will employ an In-Hospital Organ and Tissue Donation Coordinator (“Donation Coordinator”) to work in Type A Hospitals to serve as the primary resource for implementation and operation of the Five-Point Donation Program in the Hospital.

6. The Act provides that regulations, directions and requirements may be established in accordance with the Act relating to the obligations of the Network and hospitals to improve organ and tissue donation in Ontario.
7. Prior to this occurring the Participating Hospital and the Network have agreed to enter into this agreement to set out their respective rights and obligations in implementing the Five Point Donation Program and maximizing organ and tissue donation in the Participating Hospital.

ACCORDINGLY, the Network and the Participating Hospital agree as follows:

B. The Network’s Obligations:

The Network agrees to:

1. Employ, train and provide a Donation Coordinator to work in the Participating Hospital, who will serve as the primary resource for the implementation and operation of the Five-Point Donation Program in the Participating Hospital; provide on-site support at the Participating Hospital for each organ donation and each complex tissue donation opportunity, and, in consultation with the Network and the Participating Hospital, oversee the selection, training and scheduling of a hospital on-call donation support team. The Donation Coordinator will be recruited by the Network in collaboration with the Participating Hospital with the intent of attempting to ensure that she or he is acceptable to the Network and the Participating Hospital. The Network will also provide funding for standby and call-back time for the Donation Coordinator and the on-call support team. The reporting relationship of the Donation Coordinator within the Participating Hospital will be determined jointly with the Participating Hospital and the Network;

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2. Advise, assist and support the Participating Hospital in the implementation and management of its Five-Point Donation Program by making available to the Participating Hospital the Network's knowledge, programs, materials and services. Areas in which the Network will provide its advice, assistance and support include:
 - (a) Planning, promoting and providing education to health care professionals in the Participating Hospital involved in the process of organ and tissue donation, including a program to prepare designated hospital professionals as organ and tissue donation requestor team members;
 - (b) Facilitating the development and implementation, with review and approval of the Participating Hospital, of a program to increase and promote continuous awareness of organ and tissue donation;
 - (c) Assisting the Participating Hospital in the establishment of an Organ and Tissue Donation Committee in the Participating Hospital with the purpose of facilitating the creation and sustainability of a donation program and fostering relationships with stakeholders (subject to C4 below); and
 - (d) Assisting the Participating Hospital in the development and implementation of protocols for organ and tissue donation within the Participating Hospital.
3. Through its professional staff, ensure on-site support is in place for organ and complex tissue donation cases and, in collaboration with hospital medical and healthcare professional staff, manage the procurement, distribution and delivery of organs and tissue, including coordinating and supporting the work of the Participating Hospital in connection with the donation of organs and tissue according to accepted standards of practice;
4. Evaluate the success of the Participating Hospital's Five Point Program based on performance measures identified jointly by the Participating Hospital and the Network. Analysis of the information will provide support for decision-making and planning; and
5. Comply with the Act and other applicable laws, including all regulations, directions and requirements under the Act.

C. The Participating Hospital's Obligations:

The Participating Hospital agrees to:

1. With the advice, assistance and support of the Network, develop, monitor and implement the Five-Point Donation Program with the objective of ensuring that the Participating Hospital maximizes its organ and tissue donation potential;

2. Participate in the selection of the Participating Hospital's Donation Coordinator and on-call donation support team; allocate the necessary resources such as office space and related office supplies, and provide on-site administrative support that enables the Coordinator and support team to properly carry out their duties;
3. Ensure that its professional health care staff (including employees and privileged health care professionals) have access to in-hospital educational opportunities coordinated by the Donation Coordinator in relation to organ and tissue donation;
4. Appoint an adequate number of suitable health care and other hospital professionals to serve as members of the Participating Hospital's donation requestor team;
5. Select members and a chair of an Organ & Tissue Donation Committee who have the stature to lead the organ and tissue donation efforts in the Participating Hospital;
6. Make all reasonable efforts to ensure that the substitute (as defined in the Act) of each potential donor in the Participating Hospital is contacted in an appropriate manner to determine whether he or she will give consent for organ and/or tissue donation;
7. Provide timely data and information regarding the Five Point Donation Program as required by the Network; and
8. Comply with the Act and other applicable laws, including the regulations, directions and requirements under the Act.

D. Indemnity

1. Each of the parties ("Indemnitor") shall indemnify and hold harmless the other party (including its directors, officers, employees, the agents, and in the case of the Network, the Government of Ontario and its employees, agents and representatives) ("Indemnitee") against all loss, costs, damages and expenses, including legal fees, suffered by the Indemnitee as a result of a breach by the Indemnitor of its obligations under this Agreement or under any law or as a result of the negligence or willful misconduct of the Indemnitor or any person for whom it is responsible at law arising from its operations, on the condition that the Indemnitee provides prompt written notice of any claim that might give rise to such liability and, in the case of third party claims, co-operates in the defense of such claim. The indemnification obligations in this Agreement survive the termination or expiration of this Agreement.

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E. Term

1. This Agreement will become effective when executed on behalf of both parties by their authorized representatives and shall continue to be effective until terminated by either party on 90 days written notice. Notices shall be delivered by personal delivery to the addresses and contacts indicated on this Agreement.

F. General

1. Each of the parties is an independent contractor. Nothing in this Agreement shall be construed to create an agency relationship, a partnership or joint venture between the Network and the Participating Hospital;
2. This Agreement cannot be altered, amended or modified except in writing executed by both parties. In the case of a conflict between this Agreement and the Act or regulations, directions or requirements under the Act, the Act and such regulations, directions and requirements shall override.

This Agreement shall be governed by and construed in accordance with the laws of the Province of Ontario.

Mission

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

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

Vision

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

Values

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



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