

Trillium Gift of Life Network

Annual Report 2019/20

Ontario 

The Ontario logo is a black circle containing a white stylized trillium flower, identical in design to the main logo on the page.

TABLE OF CONTENTS

Message from the Board Chair and President and CEO.....	2
Trillium Gift of Life Network's 2019/20 Goals and Objectives	3
Objective 1	4
<i>Improve access to transplantation, support optimal patient outcomes and transplant capacity planning, and achieve an organ yield of 3.28.</i>	
Objective 2	6
<i>Achieve a 63-65 per cent conversion rate for provincial hospitals and 365-385 organ donors.</i>	
Objective 3	8
<i>Achieve a 51 per cent consent rate, 2300 ocular donors and 280 multi-tissue donations.</i>	
Objective 4	9
<i>Engage Ontarians in supporting organ and tissue donation and transplantation and inspire over 233,000 to register consent.</i>	
Objective 5	11
<i>Support continuous quality improvement and meeting of quality standards.</i>	
Objective 6	12
<i>Enhance IT to drive efficiency and innovation.</i>	
Objective 7	13
<i>Cultivate a work environment that fosters staff engagement.</i>	
Objective 8	14
<i>Develop and support research initiatives to advance innovation and leading practice in donation and transplant.</i>	
Analysis of Financial Performance	15
Appendix I – Tables and Figures	
Table 1: Tissue Donation by Tissue Type.....	16
Table 2: Deceased Organ Donors, Tissue Donors, Conversion Rate, Routine Notification Rate and Eligible Approach Rate.....	16
Table 3: Organ Donors from Ontario and Out-of-Province.....	18
Table 4: Number of Organs Recovered and Transplanted from Deceased Donors in Ontario.....	18
Table 5: Organ Transplant Yield per Deceased Donor in Ontario.....	19
Table 6: Organ Transplants in Ontario from Decreased (Provincial and Non-Provincial) and Living Donors from Ontario.....	19
Table 7: Waiting List for Organ Transplants.....	20
Table 8: Deceased Organ Donation Funding to Hospitals.....	20
Figure 1: Percent of Registered Donors (among 16+ Health Card Holders).....	25
Figure 2: Growth in Registered Donors.....	26
Appendix II – Board of Directors	27
Appendix III – Management Group	28
Audited Financial Statements	29

MESSAGE FROM THE BOARD CHAIR AND PRESIDENT AND CEO

We are pleased to present Trillium Gift of Life Network's Annual Report for 2019/20.

The fiscal year 2019/20 was a remarkable year for many of the patients Trillium Gift of Life Network serves - those waiting for a life-saving organ or life changing tissue transplant. In 2019/20, a record number of transplants were completed, and there were a record amount of organ and multi-tissue donations.

Since its creation in 2001, Trillium Gift of Life Network has committed to delivering and enabling a world class transplant system for Ontarians. Now, almost twenty years into our mandate, we remain driven to find innovative ways to maximize precious donation opportunities. We persist in closely collaborating and working collectively with our hospital, healthcare and community partners to expand opportunities for donation. We remain steadfast in our determination to build a culture of donation, in which the majority of Ontarians have registered their consent to donate.

In 2019/20, the proof of this was evident – a 16% increase in organ transplants, a 19% increase in deceased organ donors and a 34% increase in multi-tissue donations compared to last fiscal. However, beyond these historically high achievements are the accomplishments which truly reveal TGLN's commitment – with a first in Canada for donation of a heart after death by circulatory determination, with a global first in donation and transplant of lungs utilizing innovative techniques made possible through TGLN's orchestration of multiple partners and by the fact that registered donors in Ontario had an unprecedented impact on consent.

The fiscal year was no less remarkable for the way it ended – with the global proliferation of the COVID-19 pandemic. Health systems around the world were forced to confront its extraordinary impact, and the organ and tissue donation and transplant system was not spared. Trillium Gift of Life Network swiftly adapted to this crisis to safeguard patients and staff, while ensuring all critical functions remained operational. Working closely with our partners in hospitals, transplant programs and Ontario Health, Trillium Gift of Life Network was able to quickly adapt practices to ensure that all staff, including those in our critical 24/7 call centre, were able to work remotely, and that those providing direct patient and family services in hospitals and other healthcare settings continued to do so safely.

We thank the Ministry of Health for continuing their investment and partnership in order to save lives through donation and transplant. We thank our Board of Directors for their time and participation and we thank our partners in Ontario Health for their collaboration and support. Through the government's *Connecting Care Act, 2019*, Trillium Gift of Life Network 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. We look forward to continuing to work with Ontario Health and our Ministry of Health partners towards this goal.

We thank our staff, who demonstrate their compassion, commitment and tenacity every day.

Most important, we thank our donors and their families, for only through their generosity are we given the opportunity to do this meaningful work.

With all the success of the past year, for those patients who did not receive an organ in time or continue to wait for their lives to be saved or changed through the gift of donation, we remain resolute in our mission. We pledge, together with our partners, to continue to steer and advance the transplant system in order to save and enhance more lives through organ and tissue donation and transplantation.

Sincerely,

Bill Hatanaka
Board Chair

Ronnie Gavsie
President and CEO

TRILLIUM GIFT OF LIFE NETWORK'S 2019/20 GOALS 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.

2019/2020 Goals

- Promote quality, equity and fairness in transplantation
- Maximize organ and tissue donation for transplantation in partnership with stakeholders
- Establish a strong organ and tissue donation culture in Ontario
- Enhance operational excellence and innovation

2019/20 Objectives

1. Improve access to transplantation, support optimal patient outcomes and transplant capacity planning, and achieve an organ yield of 3.28.
2. Achieve a 63-65 per cent conversion rate for provincial hospitals and 365-385 organ donors.
3. Achieve a 51 per cent consent rate, 2300 ocular donors and 280 multi-tissue donations.
4. Engage Ontarians in supporting organ and tissue donation and transplantation and inspire over 233,000 to register consent.
5. Support continuous quality improvement and meeting of quality standards.
6. Enhance IT to drive efficiency and innovation.
7. Cultivate a work environment that fosters staff engagement.
8. Develop and support research initiatives to advance innovation and leading practices in donation and transplantation.

OBJECTIVE 1: IMPROVE ACCESS TO TRANSPLANTATION, SUPPORT OPTIMAL PATIENT OUTCOMES AND TRANSPLANT CAPACITY PLANNING, AND ACHIEVE AN ORGAN YIELD OF 3.28

Key Performance Indicator	Performance Outcome	Commentary
<p>Organ Yield - The number of organs recovered and transplanted per donor</p> <p>Target: 3.28</p>	<p>3.13</p>	<ul style="list-style-type: none"> • In 2019/20, Trillium Gift of Life Network had a record 1,415 transplants. • While the number of organ donors increased from last year, organ yield was slightly below target due to the following factors: <ul style="list-style-type: none"> ○ continued rise in the number of donors after cardio-circulatory death (DCD). DCD donor organ yield is on average lower than neurologically determined death (NDD) donor organ yield as the length of the dying process can result in organs being excluded for transplantation. ○ ageing population, with the associated medical conditions experienced by many older patients. • Organ utilization rates for FY 19/20 have remained consistent and in some instances have increased. For example, heart utilization rate in FY 19/20 was 23% compared to 20% in FY 18/19. This increase was achieved through working cooperatively with transplant programs to expand the use of increased risk donors (IRD) for transplants. During the FY 19/20, 118 patients were transplanted.

Improving Access to Transplantation

Trillium Gift of Life Network (TGLN) continuously strives to improve access to transplantation by constantly collaborating with partners, and improving programs. Highlights for 2019/20 include:

- **Collaboration and Partnership**
 - TGLN continued to collaborate with the Ontario Renal Network (ORN) to further advance the Access to Kidney Transplantation and Living Donation Strategy, which is aimed at enhancing access to, and improving patients’ experience of kidney transplantation with a focus on increasing living kidney donation.
 - In 2019/20 there were a total of 227 living donor kidney transplants. Although COVID-19 put a halt to living donor transplants towards the end of the fiscal year, the number of living donor kidney transplants matched the record number achieved the previous year.
 - TGLN worked with Ontario heart programs to develop the new *Ontario Referral and Listing Criteria for Pediatric Heart Transplantation* to ensure fair access to transplants.
- **Transplant Patient Expense Reimbursement (TPER) Program**
 - To improve access to financial support for Ontario transplant patients waiting for and/or recovering after heart and/or lung transplants, TGLN made further improvements to the TPER program including:
 - Refresher-training sessions for health care providers in heart and lung transplant programs on TPER
 - Creation of a new patient brochure
 - Implementation of new application forms and processes
- **Alcohol-associated Liver Disease (ALD) Pilot Program**
 - TGLN continued to support the operation of the three-year ALD Pilot Program which began in 2018. The pilot program aims to provide an opportunity for patients with ALD who would benefit from a liver

transplant, but have not abstained from alcohol use for six months and who meet the program-specific requirements, to be placed on the liver transplant waitlist.

- As of March 31, 2020, 31 patients had been transplanted as part of the ALD Pilot Program and of those, only 2 returned to alcohol use. In both instances, the type of alcohol use was deemed as not being problematic resulting in there being minimal to no negative impact on patient health or the newly transplanted organ.

Increasing Organ Utilization

In order to maximize every donation opportunity, TGLN, working closely with its transplant partners, continued to explore innovative ways to increase organ utilization. One such example was:

- **Donation after Cardio-Circulatory Death (DCD) Hearts**
 - TGLN, partnering with University Health Network's (UHN) Heart Transplant Program, started a pilot study to recover and perform transplants using DCD donors. Two test cases were completed in 2019/20 and DCD heart offers started being accepted for the study. TGLN began planning for the implementation of a provincial DCD heart strategy to enable the recovery and transplantation of DCD hearts throughout the province.
 - *The emergence of the COVID-19 pandemic toward the end of the fiscal year put a temporary hold on moving forward with the implementation of DCD heart recovery as the preservation of resources and PPE supplies became a priority across the system.*

Support Optimal Patient Outcomes and Transplant Capacity

- **Funding Project**
 - TGLN led the development of the harmonized costing methodology prototype for transplant programs. This involved costing the transplant journey across the continuum of care: pre-, peri- and post-transplant for all organs, starting with kidney. In 2019/20, TGLN:
 - Convened an advisory committee comprised of funding experts, expert financial advisors, transplant stakeholders along with representatives from the Ontario Hospital Association and Ministry of Health to provide expert advice and recommendations on the activities of the Kidney Transplant Costing Project, which resulted in the approval of the funding methodology
- **Transplant Performance Measurement and Evaluation Executive Committee (TPEC)**
 - TGLN continued to facilitate the work of this committee 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

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

Key Performance Indicator	Performance Outcome	Commentary
<p>Conversion Rate – the overall rate for deceased patients who became actual organ donors from those that appear to have organ donor potential.</p> <p>Target: 63-65%</p>	61%	<ul style="list-style-type: none"> • Despite having a record number of organ donors in 2019/20, the conversion rate fell short of target due to the following: <ul style="list-style-type: none"> ○ In March, as a result of COVID-19, 40 referrals for organ donation were not approached ○ Some families did not believe in neurologically determined death (brain death).
<p>Organ Donors – A deceased patient from Ontario who has donated at least one organ that was recovered and transplanted.</p> <p>Target: 365-385</p>	393	<ul style="list-style-type: none"> • A record number of donors were achieved. Factors contributing to this include: <ul style="list-style-type: none"> ○ Increased family consent for donation ○ a decrease (10%) in the number of cases deemed medically unsuitable post consent ○ expansion of two existing programs, which accounted for 23 donors: <ol style="list-style-type: none"> 1. Ensuring that individuals approved for Medical Assistance in Dying (MAID) were also provided with the information related to organ and tissue donation; 2. Non-perfused organ donation (NPOD) was supported in more hospitals, and recovery of organs enabled for individuals choosing to be at home for the provision of MAID.

Maximize Organ Donation Consent Performance

In 2019/20, TGLN improved donation consent performance by:

- Increasing the number of coordinators available to go on-site to hospitals to speak with families of potential donors
- Decreasing the number of telephone approaches to obtain consent for donation by 7% from the previous fiscal year.

Leverage advances in medicine to increase potential donor pool

Innovation continues to be at the core of TGLN's success. It is through the close collaboration with its partners, and the ability to nimbly adopt innovative practices, that TGLN was able to utilize advances to expand the donor pool. In 2019/20 two ground breaking protocols to increase the potential for donation came to fruition:

- Leveraging the learnings from implementing non-perfused organ donation for lung (NPOD), TGLN developed and implemented protocols for NPOD lung recovery in two new clinical scenarios:
 1. following DCD attempt where a patient does not die within the required timeframe to permit DCD lung recovery.
 - This protocol was implemented at one hospital, with additional educational resources developed to support cases at other facilities. One successful transplantation occurred in 2019/20, setting the groundwork for future transplants.
 2. following the provision of MAID in a residential (non-hospital) setting.

- The protocol for NPOD following MAID at home was implemented as a response to a patient's expressed wishes to both die at home and become an organ donor. TGLN worked in close collaboration with a number of external partners (ORNGE, Joseph Brant Hospital, Toronto General Hospital, long-term care facility) to ensure the successful application of this ground-breaking initiative. TGLN facilitated two such successful transplantations which were the first of its kind in the world.

Medical Assistance in Dying (MAID)

TGLN continued to support and expand donation after MAID in order to allow patients who chose MAID to leave a lasting legacy. To do this, TGLN:

- Expanded outreach education to MAID providers in the community, ensuring they are aware of donation opportunities and the importance of timely notification to TGLN. This outreach involved:
 - Completion of four education sessions with Nurse Practitioner groups
 - Presentation to network of MAID community providers
- Delivered education on donation following MAID to approximately 95% of hospital-based health care providers

Optimize Physician Leadership to Influence System Performance

Physicians are critical to the adoption of donation as an integral part of end of life care. To ensure alignment with TGLN's goal of creating a culture of donation, TGLN implemented the following:

- New software to support formal goal-setting for hospital donation physicians (HDPs). The platform improves focus and transparency regarding initiatives as well as strengthens and streamlines communication within, and between, the physician network and TGLN.
- A provincial audit of withdrawal of life-sustaining measures (WLSM) practices to support adoption of the Canadian Critical Care Society WLSM Guidelines. This audit was initiated to ensure appropriate WLSM for DCD patients.

OBJECTIVE 3: ACHIEVE A 51 PER CENT CONSENT RATE, 2300 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 referral cases approached that were consented. Target: 51%	51%	<ul style="list-style-type: none"> TGLN met the tissue consent rate target, increasing its performance by 2% from the previous fiscal year.
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: 2300	2,207	<ul style="list-style-type: none"> The target was not achieved due to the impact of COVID-19. The Eye Bank of Canada, Ontario Division closed due to COVID-19 on March 15th, re-opening at the end of that month only for urgent and emergent cases. This resulted in approximately 100 missed ocular cases.
Multi-Tissue Donations - the total number of bone, heart valve and skin donations recovered from a tissue donor. Target: 280	297	<ul style="list-style-type: none"> TGLN surpassed the 2019/20 multi-tissue donations target. This was due, in part, to an additional tissue bank, RegenMed, becoming the second tissue bank in Ontario to accept and process skin in September, 2019.

Increase the number of tissue referrals

TGLN continued to strengthen and enhance its relationships with a multitude of community partners in its efforts to increase the opportunity for tissue donation to enhance more lives. Specifically in 2019/20, TGLN:

- Engaged ten additional Ontario hospitals with Level II critical care services to establish donation programs, which includes voluntary death reporting
- Expanded TGLN paramedic referrals to six additional regional services to support donation from deaths in the community

Maximize Tissue Donation Consent Performance

In an ongoing effort to continuously improve staff performance in order to maximize all potential donation opportunities, TGLN:

- Implemented annual coaching sessions for Tissue Coordinators to monitor and improve consent performance
- Developed scripting for tissue coordinators to reassure families of patients who had registered consent to donate, and to indicate that registration was considered legal consent as per Ontario legislation

Support System-Level Improvements to Maximize Tissue Donation and Recovery

To further improve the efficiency of the tissue donation system, TGLN implemented robust scheduling software and expanded use of global positioning system (GPS) tracking, which included:

- Improvements in scheduling and timely and accurate submission of timesheets for 24/7 front line staff
- GPS tracking capabilities to identify location of nearest recovery staff personnel, allowing for improved efficiency for staff dispatching
- GPS tracking expanded to refrigerated trucks used for donor transportation allowing for remote temperature and location monitoring
- Mapping visualization to determine location of personnel, donors, recovered tissue and location of shipping containers

OBJECTIVE 4: ENGAGE ONTARIANS IN SUPPORTING ORGAN AND TISSUE DONATION AND TRANSPLANTATION AND INSPIRE OVER 233,000 TO REGISTER CONSENT

Key Performance Indicator	Performance Outcome	Commentary
Growth in Registered Donors Target: 233,000	176,344	<ul style="list-style-type: none"> Growth in registered donors is heavily influenced by policies of ServiceOntario and Ministry of Government and Consumer Services (MGCS). Continued migration of health card and driver's license renewal transactions from ServiceOntario centres to online is contributing to the reduction in new donor registrations as Ontarians are not prompted to sign-up for organ/tissue donation during online renewal transactions (which does occur at ServiceOntario centres). While below target, donor registrations increased by 4%. The Provincial registration rate is now at 35% with 56 communities (out of 170) with a registration rate of 50% or higher. Registration had an unprecedented impact on consent as 50.4% of organ donors were registered for donation - the highest ever impact of registration on consent and donation.

Earned Media Initiatives, Social Media Engagements and Paid Media

Media initiatives throughout 2019/20 created awareness and generated registrations for organ and tissue donation.

- Earned media initiatives, which included announcements related to donation/transplantation results and performance, hospital awards and promotion of BeADonor month, helped TGLN achieve 104K mentions in a variety of media, resulting in a reach of 65.5M and a publicity value of \$1.3M.
- Social media initiatives helped to drive traffic to BeADonor.ca resulting in a total of 108,681 unique visitors with 65% (or 70,632) from Facebook. TGLN earned 4.9 million in reach (a 114% increase over the previous fiscal year) on Facebook and more than 12.5 million impressions on Twitter.
- A new paid marketing campaign ran January to March in the Greater Toronto Area (GTA) encouraging registration for donation. The campaign utilized a variety of media including digital, social and out-of-home.
 - New registrations in the GTA increased by 16% during the campaign vs same period year ago and 12% vs the period prior to the campaign.

ServiceOntario Partnership

The partnership between ServiceOntario, the Ministry of Government and Consumer Services, and TGLN is crucial to ensure that every eligible Ontarian is prompted to register for donation when receiving or renewing a health card, driver's license or identification card. Key highlights of this partnership included:

- Modernizing a training guide for frontline Customer Service Representatives to prompt and register Ontarians for donation at ServiceOntario centres.
- Sharing of local sign-up and donor registration rates, as well as best practices, with private ServiceOntario centres to help boost donor registrations in the GTA.
- Partnering with the Ministry of Health and ServiceOntario to encourage donor registration through a direct mail campaign to facilitate conversion of red & white health cards to photo health cards, which generated more than 4,600 registrations.

Stakeholders, Partners and Advocate Network

TGLN continued to support its hospital, government and community stakeholders and partners, as well as its advocate network, in a wide range of communications initiatives throughout the year, including:

- Building new and supporting existing relationships with elected officials through regular touchpoints and information sharing, which resulted in proclamations, Members' Statements and 96 posts and/or reposts on social media in support of organ and tissue donation.
- Strategically targeting communities with low registration in the GTA, by forging new relationships with community leaders and health partners, such as: *Punjabi Community Health Services, Toronto Board of Rabbi's, Interfaith Council of Halton, Working Women Community centre, Access Alliance.*
- Supporting a dedicated network of over 150 advocates which resulted in 139 community events across the province that promoted awareness and encouraged registration. These efforts extend the breadth and depth of TGLN's Public Education and Marketing efforts to build support for the message that donor registration saves lives.

OBJECTIVE 5: SUPPORT CONTINUOUS QUALITY IMPROVEMENT AND MEETING OF QUALITY STANDARDS

In 2019/20, TGLN supported continuous quality improvement and meeting of quality standards. Highlights include:

Compliance to Health Canada and American Association Tissue Bank (AATB) organ and tissue standards

TGLN continued its commitment to maintain and improve compliance of donation processes to the organ and tissue standards on which its donation processes are based. In 2019/20 this included:

- Development of new tools/documentation/records that benefit from the lessons learned during the 2019 Health Canada Inspection, in order to obtain an improved outcome on the next inspection in 2022
- Creation and update of tissue-related and quality system-related process instructions and accreditation documentation for submission to AATB
- Development of a project plan to implement and roll-out the AATB Standard at TGLN anticipated in 2022

Expanded Auditing Processes

As part of TGLN's dedication to ongoing quality improvement, TGLN continued to identify new processes to audit in order to improve compliance with expected outcomes, such as:

- Audited the organ allocation process on a monthly basis using a newly developed audit methodology and tools to comply with recommendations from a prior Ministry Value for Money audit
- Identified, completed and took actions on specialty audits needed to monitor quality processes, including charting errors for ocular donation, timeliness of culture reporting and exceptional distribution and organ recovery documentation.
- Audited Ontario liver transplant program compliance with provincial wait list criteria and organ allocation rules and developed recommendations for improvement

Development of a Quality Culture

TGLN continued to stimulate a quality culture, founded on self-improvement, by launching initiatives that encouraged staff to engage in continuous betterment, such as:

- Developed a problem-solving training course and trained staff from two departments in quality tools and improvement methodologies. Facilitated one department team in realizing their improvement project objective
- Established and implemented performance metrics for pertinent departments in organ and tissue charting, exceptional distribution compliance, reportable errors/accidents/adverse reactions to Health Canada and documentation management, so that gaps could be highlighted and resolved
- Created a comprehensive list of improvement initiatives across several clinical departments and worked with each department to develop and install solutions

TGLN, in collaboration with the Ontario Renal Network (ORN), established a Living Donor Data Quality Improvement Working Group and implemented new processes and tools for Living Donor Programs to improve the quality of living donor data used to monitor and evaluate the strategy's goals at local and provincial levels.

OBJECTIVE 6: ENHANCE IT TO DRIVE EFFICIENCY AND INNOVATION

In 2019/20, TGLN enhanced IT in order to drive both efficiency and innovation. Highlights include:

TOTAL Replacement Project (TRP)

Following significant planning, TGLN initiated replacement of the outdated mission-critical organ waitlist management and allocation system (TOTAL) with the new Organ Allocation and Transplantation System (OATS). The new system will improve Ontario's transplant system performance in facilitating lifesaving transplantation by streamlining clinical care and decision making and maximizing access to transplantation. This is accomplished via enhanced functionality by providing a user-centric experience with advanced new features such as electronic organ offering (eOffer) and the ability to implement policy changes quickly. In 2019/20, TGLN successfully:

- secured a vendor to develop a private cloud-based solution that would provide a modern, modular, flexible and integrated organ donation and transplantation system
- gathered detailed business requirements from internal and external users including transplant programs, histocompatibility and serology testing laboratories required to replace the current outdated allocation system
- documented the majority of business requirements that describe the features of the new OATS system, such as e-offers and notifications
- began work on the design and development of the new database to commence data migration activities to move data from TOTAL to the new OATS system.

Service Improvements

- **Enhanced service delivery through Self-Serve reports**
 - TGLN continued development of self-serve reports to provide timely, accurate and robust data to aid performance tracking and monitoring, as well as evidence-based decision making. Automation and notification engines were utilised to simplify processes in data cleansing projects.
- **Improved efficiency in Tissue Program**
 - TGLN implemented an employee scheduling software for use by 24/7 front line tissue donation and recovery staff increasing the efficiency of scheduling and dispatching of staff and approval of timesheets. Specifically, this software enables:
 - dispatch of tissue recovery staff with greater efficiency by reducing travel times between locations
 - ability to broadcast notifications to mobile devices, notifying staff of shift vacancies
 - ability to track critical inventory required for cornea recovery and storage within hospitals

Rapid and efficient response to Covid-19 pandemic enables uninterrupted service

When the Covid-19 pandemic struck, TGLN successfully enabled and supported remote access for all staff and systems, whilst maintaining greater than 99.99% uptime for all critical systems. To facilitate remote access for the Provincial Resource Centre (PRC), TGLN's critical 24/7 call centre, TGLN quickly created and approved new operating practices and collaborated with Ontario Health to facilitate the sharing of equipment and software. The rapid and cost-effective deployment of equipment and training of staff enabled TGLN to facilitate remote operation of this life saving call centre without downtime.

OBJECTIVE 7: CULTIVATE A WORK ENVIRONMENT THAT FOSTERS STAFF ENGAGEMENT

TGLN continued its pursuit to strengthen staff engagement in 2019/20. Highlights, including key results, achieved through TGLN's workforce are as follows:

New Records Set in Donation and Transplantation through TGLN's Highly Engaged Workforce

- TGLN's highly specialized, trained and committed workforce continued to be the consistent and driving force enabling the organization to reach new heights in donation and transplant performance in 2019/20.

Successful negotiation of TGLN's first collective agreement

- TGLN successfully negotiated its first collective agreement with the Service Employees International Union which was ratified in May 2019.
- Management and unionized staff developed a harmonious and productive relationship ensuring that TGLN's life-saving services continued effectively and efficiently.

Commitment to save lives was undeterred during the COVID-19 pandemic

- With the onset of the COVID-19 pandemic in March 2020, TGLN acted quickly to ensure that its staff could continue to support the life-saving and mission critical services of the organization; this included:
 - Creating a virtual Provincial Resource Centre,
 - Enabling TGLN's office staff to work from home through use and deployment of laptops and other supporting technologies
 - Ensuring TGLN's front line staff were able to safely continue to perform services in the hospitals and the Coroner's Office to enable on-site coordination of organ and tissue donation in hospitals and organ and tissue recovery
- While the COVID-19 pandemic adversely impacted donation, transplantation and donor registration activity levels in March 2020, TGLN staff continued to perform all essential services, including patient facing donation and transplant services, and operational activities to support service delivery including: recruitment, remote orientation and training, labour relations, procurement, donor family services, administration of grants to living donors & transplant recipients, clinical supply inventory management, media relations, response to public inquiries and meeting TGLN's reporting requirements.

OBJECTIVE 8: DEVELOP AND SUPPORT RESEARCH INITIATIVES TO ADVANCE INNOVATION AND LEADING PRACTICE IN DONATION AND TRANSPLANTATION

Emerging Technologies

In 2019/20, TGLN supported research focused on the development of emerging technologies such as donor management, organ preservation, and the monitoring and management of rejection. Specifically, this included:

- The effect of deceased donor interventions on organ recipient outcomes in an Ontario study
 - TGLN provided consultation services to identify the data elements required for the measurement and analysis of donor management interventions.
 - TGLN compiled and provided 6 years of extensive donor data.
- Development of a platform for Ex Vivo Heart Perfusion study
 - TGLN staff obtained consent and supported recovery of 7 hearts for the purpose of research.
- Sentinel (skin) Flaps for the Assessment of Acute Rejection Following Lung Transplantation study
 - TGLN staff obtained consent and recovered skin from 2 donors for research

Innovation

TGLN facilitated the promotion and advancement of donation and transplantation innovation in Ontario by supporting researchers in Ontario and across Canada through the efficient provision of data and tissue samples, which included:

- Providing 7 consultations/letters of support and completing 18 complex data/research requests
- Supporting 18 ongoing research studies and working through 4 data/research requests in development

Science

In 2019/20, TGLN contributed to the advancement of donation science through participation in research studies and publications, including those related to maintaining opportunities for organ and tissue donation, improving end-of-life-care in donation, donation following medical assistance in dying, organ donation after death by circulation determination and novel ways to facilitate and increase organ donor registration.

FINANCIAL PERFORMANCE ANALYSIS

In 2019/20, TGLN successfully carried out its mandate within a reduced budget allocation contributing to administrative savings in accordance with government direction and continuing its compliance with the government's discretionary expenditure measures.

TGLN focused its budgetary resources enabling an all-time record of organ and multi-tissue donations and organ transplantation in 2019/20, as well as achievement of its key objectives, including launch of a multi-year project to develop a new Organ Allocation and Transplantation System.

TGLN's expenditures are detailed in the audited financial statements included in the report.

APPENDIX I – TABLES AND FIGURES

Table 1: Tissue Donation by Tissue Type

<i>Tissue Donation</i>	<i>FY 2019/20</i>	<i>FY 2018/19</i>	<i>FY 2017/18</i>
Tissue Donors	2,236	2,497	2,153
Ocular Donors	2,207	2,472	2,126
Skin Donations	110	65	56
Heart Valve Donations	51	38	54
Bone Donations	136	118	101
Multi-tissue Donations	297	221	211
Tissue Consent Rate	51%	49%	48%

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

<i>Hospital</i>	<i>Routine Notification Rate</i>	<i>Conversion Rate for Organ Donors</i>	<i>Eligible Approach Rate</i>	<i>Organ Donors</i>	<i>Tissue Donors</i>
Greater Toronto Region	96%	51%	87%	158	753
Halton Healthcare	96%	50%	80%	3	59
Humber River Hospital	99%	15%	81%	2	15
Joseph Brant Hospital	99%	50%	60%	2	28
Lakeridge Health	96%	67%	97%	10	134
Mackenzie Health	98%	8%	87%	1	14
Markham Stouffville Hospital	97%	56%	84%	5	23
North York General Hospital	97%	58%	79%	7	19
Scarborough Health Network	98%	29%	100%	5	44
Sinai Health System	98%	100%	33%	1	27
Southlake Regional Health Centre	95%	65%	87%	11	41
Sunnybrook Health Sciences Centre	91%	54%	93%	21	58
The Hospital for Sick Children (SickKids)	94%	33%	94%	3	8
Toronto East Health Network	92%	33%	100%	2	19
Trillium Health Partners	98%	47%	89%	15	80
Unity Health Toronto	94%	71%	88%	39	60
University Health Network	99%	58%	76%	14	66
William Osler Health System	97%	45%	95%	17	58
Simcoe Muskoka Region	96%	62%	86%	8	130
Collingwood General & Marine Hospital	97%	0%	0%	0	10
Georgian Bay General Hospital	99%	100%	100%	1	25
Headwaters Health Care Centre	88%			0	10
Muskoka Algonquin Healthcare	96%	33%	100%	1	13
Orillia Soldiers' Memorial Hospital	93%	67%	100%	2	18

Royal Victoria Regional Health Centre	98%	80%	80%	4	54
Eastern Region	96%	75%	82%	73	461
Brockville General Hospital	94%		100%	0	13
Children's Hospital of Eastern Ontario	100%	83%	54%	5	0
Cornwall Community Hospital	95%	100%	100%	1	15
Hawkesbury and District General Hospital	96%			0	12
Hôpital Montfort	94%	67%	73%	4	17
Kingston Health Sciences Centre	98%	75%	69%	15	56
Lennox & Addington County General Hospital	85%			0	8
Northumberland Hills Hospital	92%			0	20
Pembroke Regional Hospital	98%	100%	100%	1	14
Peterborough Regional Health Centre	96%	20%	96%	1	55
Queensway Carleton Hospital	94%	80%	67%	4	32
Quinte Health Care	98%	100%	90%	6	40
Ross Memorial Hospital	96%			4	34
The Ottawa Hospital	96%	75%	88%	27	130
University of Ottawa Hearth Institute	99%	83%	93%	5	15
Northern Region	96%	64%	87%	28	74
Health Sciences North	97%	81%	83%	13	28
Kirkland & District Hospital	100%			0	0
Lake of the Woods District Hospital	74%			0	0
North Bay Regional Health Centre	98%	100%	100%	3	21
Sault Area Hospital	94%	22%	80%	2	9
St. Joseph's General Hospital Elliot Lake	85%			0	0
Thunder Bay Regional Health Sciences Centre	97%	67%	94%	10	6
Timmins and District Hospital	97%	0%	83%	0	5
West Nipissing General Hospital	90%			0	0
West Parry Sound Health Centre	88%			0	5
Southwestern Region	96%	72%	84%	126	712
Bluewater Health	98%		83%	0	29
Brant Community Healthcare System	96%	40%	88%	2	37
Cambridge Memorial Hospital	95%	33%	82%	2	24
Chatham - Kent Health Alliance	95%	100%	80%	1	25
Erie Shores Healthcare	95%			0	4
Grand River Hospital	97%	71%	81%	5	37
Grey Bruce Health Services	96%	100%	83%	4	28
Guelph General Hospital	94%	83%	83%	5	15
Hamilton Health Sciences	97%	79%	86%	46	89
Huron Perth Healthcare Alliance	97%	100%	86%	2	9

London Health Sciences Centre	94%	73%	82%	35	117
Middlesex Hospital Alliance	80%			0	10
Niagara Health	98%	80%	73%	8	93
Norfolk General Hospital	96%			0	5
St. Joseph Healthcare Hamilton	98%	20%	88%	1	19
St. Mary's General Hospital	99%	50%	81%	2	40
St. Thomas Elgin General Hospital	96%	50%	78%	2	26
Tillsonburg District Memorial Hospital	82%			0	5
Windsor Regional Hospital	96%	73%	96%	11	87
Woodstock General Hospital	95%	0%	88%	0	13
Others					106
Others					106
TOTAL	96%	61%	85%	393	2,236

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

<i>Type of Donor</i>	<i>FY 2019/20</i>	<i>FY 2018/19</i>	<i>FY 2017/18</i>
Deceased Donors from Ontario	393	331	335
NDD Donors from Ontario	240	212	232
DCD Donors from Ontario	153	119	103
Living Donors from Ontario	297	285	270
All Ontario Donors	690	616	605
Deceased Donors from Other Canadian Provinces	74	80	99
Deceased Donors from the United States	34	30	20
All Out-of-Province Donors	108	110	119

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

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

<i>Organ</i>	<i>FY 2019/20</i>			<i>FY 2018/19</i>			<i>FY 2017/18</i>		
	<i>From NDD Donors</i>	<i>From DCD Donors</i>	<i>Total</i>	<i>From NDD Donors</i>	<i>From DCD Donors</i>	<i>Total</i>	<i>From NDD Donors</i>	<i>From DCD Donors</i>	<i>Total</i>
Heart	90		90	67		67	84		84
Kidney	344	225	569	317	180	497	356	162	518
Liver	186	36	222	164	24	188	182	19	201
Lung	174	121	295	172	69	241	171	55	226
Pancreas - Islets	9	2	11	27	6	33	23	5	28
Pancreas - Whole	35	6	41	31	7	38	33	2	35
Small Bowel	1		1	1		1			
Total	839	390	1,229	779	286	1,065	849	243	1,092

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 2019/20		FY 2018/19		FY 2017/18	
	Number of Donors	Organ Yield	Number of Donors	Organ Yield	Number of Donors	Organ Yield
DCD	153	2.55	119	2.40	103	2.36
NDD	240	3.50	212	3.67	232	3.66
Total	393	3.13	331	3.22	335	3.26

Organ Utilization

Organ Type	FY 2019/20	FY 2018/19	FY 2017/18
Heart	23%	20%	25%
Kidney	72%	75%	77%
Liver	56%	56%	60%
Lung	38%	36%	34%
Pancreas - Islets	3%	10%	8%
Pancreas - Whole	10%	11%	10%
Small Bowel	0%	0%	0%

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

Organs Transplanted	FY 2019/20	FY 2018/19	FY 2017/18
Kidney from Deceased Donors	529	435	467
Kidney from Living Donors	227	227	218
Liver from Deceased Donors	228	189	208
Liver from Living Donors	70	58	52
Heart	97	68	86
Lung	208	188	174
Pancreas (Whole)	9	5	20
Small Bowel	1	1	
Kidney/Pancreas	38	36	25
Heart/Lung	1	1	3
Liver/Kidney	5	12	8
Liver/Heart	1		
Liver/Bowel		1	
Liver/Lung	1		1
Liver/Pancreas			
VCA			
Total	1,415	1,221	1,262

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

Table 7: Waiting List for Organ Transplants

<i>Organ</i>	<i>March 31, 2020</i>	<i>March 31, 2019</i>	<i>March 31, 2018</i>
Kidney	1,153	1,204	1,095
Liver	282	289	227
Heart	39	55	38
Lung	37	51	49
Pancreas (Whole)	17	12	10
Small Bowel	1	1	1
Kidney/Pancreas	55	64	71
Other*	13	15	23
Total	1,597	1,691	1,514

**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
ALMONTE GENERAL HOSPITAL	1	\$800	0	2050	0	\$3,150	\$800
BLUEWATER HEALTH - SARNIA	4	\$3,200	3	6150	1	\$9,450	\$10,450
BRANT COMMUNITY HEALTHCARE SYSTEM - BRANTFORD GENERAL HOSPITAL	19	\$15,200	7	18450	2	\$22,050	\$59,800
BROCKVILLE GENERAL HOSPITAL	2	\$1,600	0	0	0	\$0	\$6,800
CAMBRIDGE MEMORIAL HOSPITAL	12	\$9,600	4	8200	3	\$6,300	\$44,900
CHATHAM-KENT HEALTH ALLIANCE - CHATHAM CAMPUS	3	\$2,400	2	4100	2	\$3,150	\$9,650
CHILDREN'S HOSPITAL OF EASTERN ONTARIO	7	\$5,600	6	6150	5	\$0	\$26,400
CORNWALL COMMUNITY HOSPITAL	2	\$1,600	1	4100	1	\$3,150	\$3,650

ERIE SHORES HEALTHCARE	2	\$1,600	1	2050	0	\$3,150	\$1,600
GEORGIAN BAY GENERAL HOSPITAL - MIDLAND SITE	4	\$3,200	3	8200	1	\$9,450	\$20,850
GRAND RIVER HOSPITAL - KITCHENER-WATERLOO CAMPUS	17	\$13,600	9	16400	6	\$9,450	\$43,700
GREY BRUCE HEALTH SERVICES - OWEN SOUND HOSPITAL	11	\$8,800	6	10250	6	\$12,600	\$28,500
GUELPH GENERAL HOSPITAL	17	\$13,600	10	12300	6	\$9,450	\$56,150
HALTON HEALTHCARE - MILTON DISTRICT HOSPITAL	7	\$5,600	3	8200	1	\$6,300	\$28,450
HALTON HEALTHCARE - OAKVILLE TRAFALGAR MEMORIAL HOSPITAL	10	\$8,000	6	14350	4	\$12,600	\$18,400
HAMILTON HEALTH SCIENCES - HAMILTON GENERAL HOSPITAL	94	\$75,200	54	106600	42	\$119,700	\$314,750
HAMILTON HEALTH SCIENCES - JURAVINSKI HOSPITAL	10	\$8,000	6	12300	5	\$18,900	\$25,650
HAMILTON HEALTH SCIENCES - MCMASTER CHILDREN'S HOSPITAL	4	\$3,200	3	6150	3	\$3,150	\$15,650
HEALTH SCIENCES NORTH	43	\$34,400	26	49200	15	\$63,000	\$141,250
HÔPITAL MONTFORT	10	\$8,000	4	10250	4	\$12,600	\$48,500
HUMBER RIVER HOSPITAL	15	\$12,000	5	18450	2	\$25,200	\$26,500
HURON PERTH HEALTH ALLIANCE - STRATFORD GENERAL HOSPITAL	3	\$2,400	0	4100	0	\$0	\$4,450
JOSEPH BRANT HOSPITAL	7	\$5,600	2	6150	2	\$6,300	\$30,500
KINGSTON HEALTH SCIENCES CENTRE - KINGSTON GENERAL HOSPITAL	43	\$34,400	26	49200	20	\$40,950	\$115,700
LAKERIDGE HEALTH OSHAWA	24	\$19,200	16	28700	7	\$28,350	\$81,450
LAKERIDGE HEALTH BOWMANVILLE	4	\$3,200	2	6150	1	\$3,150	\$10,450
LAKERIDGE HEALTH AJAX PICKERING	5	\$4,000	4	6150	2	\$9,450	\$20,550

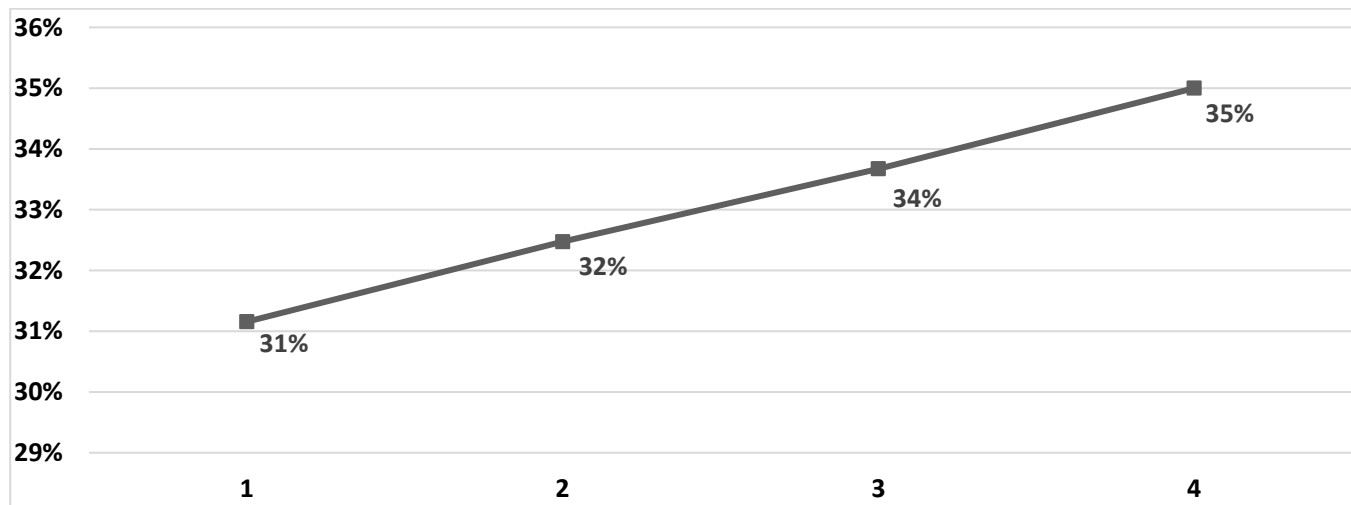
LONDON HEALTH SCIENCES CENTRE - CHILDREN'S HOSPITAL	13	\$10,400	8	20500	7	\$12,600	\$50,900
LONDON HEALTH SCIENCES CENTRE - UNIVERSITY HOSPITAL	57	\$46,400	34	61500	21	\$56,700	\$158,300
LONDON HEALTH SCIENCES CENTRE - VICTORIA HOSPITAL	51	\$40,800	32	59450	14	\$72,450	\$159,150
MACKENZIE HEALTH - MACKENZIE RICHMOND HILL HOSPITAL	20	\$16,000	7	22550	3	\$25,200	\$59,500
MARKHAM STOUFFVILLE HOSPITAL - MARKHAM SITE	16	\$12,800	8	18450	5	\$12,600	\$44,950
MUSKOKA ALGONQUIN HEALTHCARE - SOUTH MUSKOKA MEMORIAL HOSPITAL	3	\$2,400	3	2050	2	\$0	\$9,650
MUSKOKA ALGONQUIN HEALTHCARE - HUNTSVILLE DISTRICT MEMORIAL HOSPITAL	1	\$800	1	2050	0	\$3,150	\$6,000
NIAGARA HEALTH SYSTEM - ST. CATHARINES SITE	12	\$9,600	7	8200	5	\$6,300	\$33,400
NIAGARA HEALTH SYSTEM - WELLAND SITE	5	\$4,000	5	6150	2	\$3,150	\$18,500
NIAGARA HEALTH SYSTEM - GREATER NIAGARA GENERAL SITE	5	\$4,000	2	6150	1	\$6,300	\$6,050
NORTH BAY REGIONAL HEALTH CENTRE	3	\$2,400	3	4100	3	\$6,300	\$4,450
NORTH YORK GENERAL HOSPITAL	11	\$8,800	9	8200	7	\$12,600	\$33,700
NORTHUMBERLAND HILLS HOSPITAL	1	\$800	1	0	0	\$0	\$800
ORILLIA SOLDIERS' MEMORIAL HOSPITAL	11	\$8,800	5	14350	2	\$9,450	\$38,900
PEMBROKE REGIONAL HOSPITAL	2	\$1,600	1	4100	1	\$6,300	\$5,700
PETERBOROUGH REGIONAL HEALTH CENTRE	20	\$16,000	8	18450	3	\$15,750	\$59,500
QUEENSWAY CARLETON HOSPITAL	9	\$7,200	7	16400	5	\$22,050	\$26,900

QUINTE HEALTH CARE - BELLEVILLE GENERAL HOSPITAL	18	\$14,400	12	22550	9	\$18,900	\$61,050
QUINTE HEALTH CARE - NORTH HASTINGS HOSPITAL	1	\$800	0	2050	0	\$3,150	\$800
ROSS MEMORIAL HOSPITAL	7	\$5,600	7	8200	5	\$6,300	\$28,450
ROYAL VICTORIA REGIONAL HEALTH CENTRE	15	\$11,200	9	16400	5	\$15,750	\$46,200
SAULT AREA HOSPITAL	13	\$10,400	5	10250	2	\$15,750	\$42,550
SCARBOROUGH HEALTH NETWORK – GENERAL	17	\$13,600	8	28700	5	\$25,200	\$48,900
SCARBOROUGH HEALTH NETWORK - CENTENARY	13	\$10,400	6	10250	2	\$12,600	\$54,050
SCARBOROUGH HEALTH NETWORK - BIRCHMOUNT	7	\$5,600	2	6150	1	\$3,150	\$14,900
SINAI HEALTH SYSTEM - MOUNT SINAI HOSPITAL	4	\$3,200	1	4100	1	\$3,150	\$15,650
SOUTHLAKE REGIONAL HEALTH CENTRE	28	\$22,400	18	30750	11	\$31,500	\$66,200
ST. JOSEPH'S HEALTHCARE HAMILTON	12	\$9,600	6	14350	1	\$15,750	\$22,050
ST. MARY'S GENERAL HOSPITAL	20	\$16,000	13	28700	4	\$37,800	\$55,400
ST. THOMAS ELGIN GENERAL HOSPITAL	10	\$8,000	2	14350	2	\$12,600	\$30,850
STEVENSON MEMORIAL HOSPITAL	1	\$800	0	2050	0	\$3,150	\$6,000
SUNNYBROOK HEALTH SCIENCES	28	\$22,400	17	30750	14	\$25,200	\$72,200
SUNNYBROOK HEALTH SCIENCES CENTRE	30	\$24,000	16	36900	11	\$34,650	\$84,200
TEMISKAMING HOSPITAL	1	\$800	0	2050	0	\$3,150	\$6,000
HOSPITAL FOR SICK KIDS	7	\$5,600	2	10250	0	\$6,300	\$18,050

THE HOSPITAL FOR SICK CHILDREN (SICKKIDS)	9	\$7,200	6	14350	5	\$6,300	\$34,150
THE OTTAWA HOSPITAL - CIVIC CAMPUS	54	\$43,200	32	71750	19	\$59,850	\$166,600
THE OTTAWA HOSPITAL - GENERAL CAMPUS	21	\$16,800	13	20500	9	\$25,200	\$67,700
THUNDER BAY REGIONAL	18	\$14,400	8	22550	6	\$12,600	\$52,850
THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE	13	\$10,400	4	12300	3	\$9,450	\$32,150
TIMMINS & DISTRICT HOSPITAL	5	\$4,000	2	4100	1	\$6,300	\$14,400
TIMMINS AND DISTRICT HOSPITAL	2	\$1,600	1	0	0	\$0	\$3,650
TORONTO EAST HEALTH NETWORK - MICHAEL GARRON HOSPITAL	11	\$8,800	3	12300	1	\$6,300	\$32,600
TRILLIUM HEALTH PARTNERS - CREDIT VALLEY HOSPITAL	12	\$9,600	5	14350	2	\$9,450	\$38,600
TRILLIUM HEALTH PARTNERS - MISSISSAUGA HOSPITAL	39	\$30,400	19	38950	15	\$50,400	\$129,050
UNITY HEALTH TORONTO – ST. JOSEPH’S HEALTH CENTRE	5	\$4,000	4	4100	4	\$6,300	\$16,450
UNITY HEALTH TORONTO – ST. MICHAEL’S HOSPITAL	85	\$67,200	58	112750	45	\$91,350	\$287,350
TORONTO GENERAL HOSPITAL	10	\$8,000	6	10250	3	\$12,600	\$27,700
TORONTO WESTERN HOSPITAL	17	\$13,600	12	18450	7	\$25,200	\$44,650
UNIVERSITY HEALTH NETWORK - TORONTO GENERAL HOSPITAL	12	\$8,800	8	12300	7	\$15,750	\$31,350
UNIVERSITY HEALTH NETWORK - TORONTO WESTERN HOSPITAL	10	\$8,000	4	10250	1	\$6,300	\$30,850
OTTAWA HEART INSTITUTE	7	\$6,400	5	2050	4	\$0	\$25,000
UNIVERSITY OF OTTAWA HEART INSTITUTE	5	\$3,200	3	6150	2	\$9,450	\$11,250
WILLIAM OSLER - BRAMPTON	22	\$17,600	8	24600	5	\$25,200	\$64,250
WILLIAM OSLER - ETOBICOKE	11	\$8,800	6	12300	4	\$12,600	\$37,800
WILLIAM OSLER HEALTH SYSTEM - BRAMPTON CIVIC HOSPITAL	21	\$16,800	11	20500	7	\$22,050	\$58,250

WILLIAM OSLER HEALTH SYSTEM - ETOBICOKE GENERAL HOSPITAL	6	\$4,800	6	6150	6	\$6,300	\$19,300
WINDSOR REGIONAL HOSPITAL - METROPOLITAN CAMPUS	12	\$9,600	8	20500	2	\$22,050	\$44,900
WINDSOR REGIONAL HOSPITAL - OUELLETTE CAMPUS	18	\$14,400	11	14350	6	\$15,750	\$66,250
WINDSOR REGIONAL HOSPITAL - OUELLETTE CAMPUS	19	\$15,200	10	20500	6	\$18,900	\$57,750
WOODSTOCK GENERAL HOSPITAL	5	\$4,000	1	8200	1	\$3,150	\$16,450
WOODSTOCK HOSPITAL	2	\$1,600	0	2050	0	\$3,150	\$3,650
Grand Total	1304	\$1,040,800	728	\$1,492,400	466	\$1,467,900	\$4,001,100

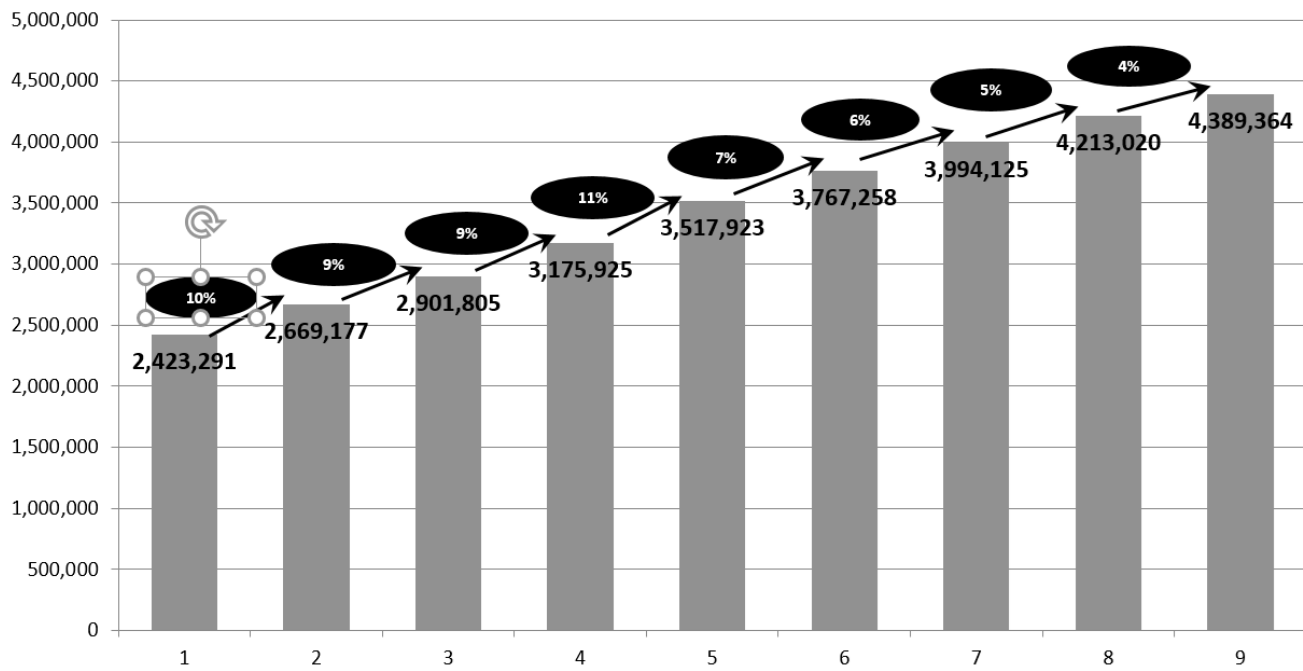
Figure 1: Percent of Registered Donors (Among 16+ Health Card Holders)



	Mar 31, 2017	Mar 31, 2018	Mar 31, 2019	Mar 31, 2020
Registered Donors	3,767,258	3,994,125	4,213,020	4,389,364
Total Health Card Holders	12,091,298	12,299,360	12,511,713	12,500,235

	Mar 31, 2017	Mar 31, 2018	Mar 31, 2019	Mar 31, 2020
Registration Rate	31%	32%	34%	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
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
Growth in Registered Donors (#)		245,886	232,628	274,120	341,998	249,335	226,867	218,895	176,344
Growth in Registered Donors (%)		10%	9%	9%	11%	7%	6%	5%	4%

APPENDIX II – BOARD OF DIRECTORS

Board of Directors

Ontario Health Board membership for the 2019/20 fiscal year is listed below, along with their terms.

Board Members for Trillium Gift of Life Network	First Term	Current Term
Bill Hatanaka (Chair)	March 8, 2019 to March 6, 2020	March 7, 2020 to March 6, 2022
Elyse Allan (Vice Chair)	March 8, 2019 to March 6, 2020	March 7, 2020 to March 6, 2022
Jay Aspin	March 8, 2019 to March 6, 2020	March 7, 2020 to March 6, 2021
Andrea Barrack	March 8, 2019 to March 6, 2020	March 7, 2020 to March 6, 2022
Alexander Barron	March 8, 2019 to March 6, 2020	March 7, 2020 to March 6, 2022
Jean-Robert Bernier		July 9, 2020 to April 8, 2022
Adalsteinn Brown	March 8, 2019 March 6, 2020	March 7, 2020 to March 6, 2022
Robert Devitt	March 8, 2019 to March 6, 2020	March 7, 2020 to March 6, 2021
Garry Foster	March 8, 2019 to March 6, 2020	March 7, 2020 to March 6, 2021
Shelly Jamieson	March 8, 2019 to March 6, 2020	March 7, 2020 to March 6, 2022
Jacqueline Moss	March 8, 2019 to March 6, 2020	March 7, 2020 to March 6, 2021
Paul Tsaparis	March 8, 2019 to March 6, 2020	March 7, 2020 to March 6, 2022
Anju Virmani	March 8, 2019 to March 6, 2020	March 7, 2020 to March 6, 2021

Total remuneration paid to members of the Board of Directors for the period June 6, 2019, to March 31, 2020, amounted to \$125,000.

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
Trevor Csima	Manager, Provincial Resource Centre - Organ
Ronnie Gavsie	President & CEO
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 & Marketing
Sylvia Johnson-Lay	Manager, Education & Professional Practice
Ryan Kalladeen	Program Manager, Liver & Small Bowel
Janet MacLean	Vice President, Clinical Donation Services
Tony Nacev	Director, Finance & Administration
Clare Payne	Vice President, Clinical Transplant Systems
Versha Prakash	Chief Operating Officer
Ram Puva	Program Manager, Transplant Systems Planning
Sasha Rice	Manager, Recovery - Tissue
Larissa Ruderman	Legal Counsel & Director, Human Resources
Rob Sanderson	Manager, Hospital Programs
Vijay Seecharan	Manager, IT Data Solutions Delivery
Natalie Smigielski	Manager, Provincial Resource Centre - Tissue
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, 2020

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, 2020, 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, 2020, 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.

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.

Toronto, Canada
June 24, 2020

Ernst & Young LLP

Chartered Professional Accountants
Licensed Public Accountants



Trillium Gift of Life Network

Statement of financial position

As at March 31

	2020	2019
	\$	\$
Assets		
Current		
Cash and cash equivalents	12,667,789	11,524,998
HST recoverable	1,143,529	880,744
Other receivables	215,278	569,168
Prepaid expenses	1,041,809	375,363
Total current assets	15,068,405	13,350,273
Capital assets, net <i>[note 3]</i>	4,764,669	5,585,944
	19,833,074	18,936,217
Liabilities and net assets		
Current		
Accounts payable and accrued liabilities	9,653,954	9,158,714
Due to the Ministry of Health <i>[note 4]</i>	3,685,279	2,737,489
Current portion of tenant inducement <i>[note 6]</i>	102,065	102,065
Total current liabilities	13,441,298	11,998,268
Deferred funding for capital assets <i>[note 5]</i>	3,946,016	4,720,720
Tenant inducement <i>[note 6]</i>	620,896	722,961
Total liabilities	18,008,210	17,441,949
Commitments <i>[note 11]</i>		
Net assets		
Unrestricted	1,105,589	918,999
Board restricted <i>[note 7]</i>	719,275	575,269
Total net assets	1,824,864	1,494,268
	19,833,074	18,936,217

See accompanying notes

On behalf of the Board:



Director



Director

Trillium Gift of Life Network

Statement of operations

Year ended March 31

	2020	2019
	\$	\$
Revenue		
Ontario Ministry of Health <i>[note 4]</i>		
Operations	44,001,477	39,655,534
Transfer payments		
Transportation Services to Support Organ Donation	4,788,100	4,555,243
Deceased Organ Donation Funding to Hospitals	3,868,100	3,868,100
Eye Bank of Canada – Ontario Division	2,748,186	2,425,807
The Lake Superior Center for Regenerative Medicine	680,000	680,000
Transplant Patient Expenditure Reimbursement	445,000	445,000
Standard Acquisition Fees	537,500	537,500
Program for Reimbursing Expenses for Living Organ Donors	172,847	206,427
Amortization of deferred funding for capital assets <i>[note 5]</i>	774,704	857,513
Charitable donations <i>[note 7]</i>	144,006	116,622
Interest income	186,590	207,293
Other income	131,841	—
	58,478,351	53,555,039
Expenses		
Salaries and employee benefits <i>[note 8]</i>	27,753,141	27,353,178
Transportation Services to Support Organ Donation <i>[note 10[b]]</i>	5,303,341	4,555,243
Deceased Organ Donation Funding to Hospitals	4,107,576	4,138,944
Medical supplies	3,647,970	3,280,888
Organ Allocation System	2,766,847	—
Eye Bank of Canada – Ontario Division <i>[note 10[c]]</i>	2,748,186	2,425,807
Clinical operations and general <i>[note 9]</i>	2,679,746	3,011,327
Public education and marketing	2,373,208	2,251,480
Information systems	1,605,117	1,440,783
Office rent and maintenance <i>[note 6]</i>	1,437,041	1,471,111
Amortization of capital assets	1,204,881	1,161,395
Standard Acquisition Fees	1,076,873	962,010
The Lake Superior Center for Regenerative Medicine	680,000	680,000
Transplant Patient Expenditure Reimbursement	459,140	537,007
Program for Reimbursing Expenses for Living Organ Donors	172,847	206,427
Professional Education on Withdrawal of Life Sustaining Measures	73,311	—
Mapping Decision-Making Mechanisms & Implementation Procedures for Organ Sharing Policies	58,530	—
	58,147,755	53,475,600
Excess of revenue over expenses for the year	330,596	79,439

See accompanying notes

Trillium Gift of Life Network

Statement of changes in net assets

Year ended March 31

	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 <i>[note 7]</i>	(144,006)	144,006	—
Net assets, end of year	1,105,589	719,275	1,824,864

	2019		
	Unrestricted	Board restricted	Total
	\$	\$	\$
Net assets, beginning of year	711,707	703,122	1,414,829
Excess of revenue over expenses for the year	79,439	—	79,439
Interfund transfers, net <i>[note 7]</i>	127,853	(127,853)	—
Net assets, end of year	918,999	575,269	1,494,268

See accompanying notes

Trillium Gift of Life Network

Statement of cash flows

Year ended March 31

	2020	2019
	\$	\$
Operating activities		
Excess of revenue over expenses for the year	330,596	79,439
Add (deduct) items not involving cash		
Amortization of capital assets	1,204,881	1,161,395
Amortization of deferred funding for capital assets	(774,704)	(857,513)
	<u>760,773</u>	383,321
Changes in non-cash working capital balances related to operations		
HST recoverable	(262,785)	394,919
Other receivables	353,890	(286,897)
Prepaid expenses	(666,446)	(14,213)
Accounts payable and accrued liabilities	495,240	(5,975,710)
Tenant inducement	(102,065)	(102,065)
Due to the Ministry of Health	947,790	1,977,420
Cash provided by (used in) operating activities	<u>1,526,397</u>	<u>(3,623,225)</u>
Investing activities		
Acquisition of capital assets	(383,606)	(741,423)
Cash used in investing activities	<u>(383,606)</u>	<u>(741,423)</u>
Net increase (decrease) in cash and cash equivalents during the year	1,142,791	(4,364,648)
Cash and cash equivalents, beginning of year	11,524,998	15,889,646
Cash and cash equivalents, end of year	<u>12,667,789</u>	<u>11,524,998</u>

See accompanying notes

Trillium Gift of Life Network

Notes to financial statements

March 31, 2020

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
- 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. Following a full transfer, the Network would be dissolved.

The transition process is ongoing and expected to occur over a number of years. Given the complexity of the Province of Ontario's organ and tissue donation system, a potential full transfer and dissolution date is currently unknown. In the meantime, the Network continues to operate as required under the *Trillium Gift of Life Network Act* and in accordance with its Memorandum of Understanding agreement with the Minister.

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:

Trillium Gift of Life Network

Notes to financial statements

March 31, 2020

Revenue recognition

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

Cash and cash equivalents

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

Financial instruments

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

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.

Trillium Gift of Life Network

Notes to financial statements

March 31, 2020

3. Capital assets

Capital assets consist of the following:

	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

	2019		
	Cost	Accumulated amortization	Net book value
	\$	\$	\$
Furniture and equipment	1,668,797	823,473	845,324
Leasehold improvements	5,147,537	986,611	4,160,926
Computer software	1,526,378	1,509,125	17,253
Computer hardware	2,087,122	1,524,681	562,441
	10,429,834	4,843,890	5,585,944

During the year, the Network wrote off nil [2019 – \$75,968] of fully amortized capital assets.

4. Due to the Ministry of Health

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

	2020	2019
	\$	\$
Balance, beginning of year	2,737,489	760,069
Contributions received	58,489,000	67,911,100
Amount recognized as revenue	(57,241,210)	(52,373,611)
Amount repaid related to prior year funding	—	(760,069)
Amount repaid related to current year funding	(300,000)	(12,800,000)
Balance, end of year	3,685,279	2,737,489

Trillium Gift of Life Network

Notes to financial statements

March 31, 2020

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:

	2020	2019
	\$	\$
Balance, beginning of year	4,720,720	5,578,233
Amortization of deferred funding for capital assets	(774,704)	(857,513)
Balance, end of year	3,946,016	4,720,720

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:

	2020	2019
	\$	\$
Balance, beginning of year	825,026	927,091
Amortization of tenant inducement	(102,065)	(102,065)
Balance, end of year	722,961	825,026
Less current portion	102,065	102,065
	620,896	722,961

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 \$144,006 from Board unrestricted net assets to restricted net assets [2019 – \$127,853 from Board restricted net assets to unrestricted net assets].

Trillium Gift of Life Network

Notes to financial statements

March 31, 2020

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 \$1,703,506 [2019 – \$1,687,352] and are included in the statement of operations. The most recent valuation for financial reporting purposes completed by HOOPP as at December 31, 2019, disclosed net assets available for benefits of \$94.1 billion with pension obligations of \$73.5 billion, resulting in a surplus of \$20.6 billion.

9. Clinical operations and general expenses

Clinical operations and general expenses include the following:

	2020	2019
	\$	\$
Clinical operations	1,229,625	1,345,487
Provincial recovery system	500,000	500,000
Professional fees	269,897	438,611
Other	680,224	727,229
	2,679,746	3,011,327

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 \$6,266,231 [2019 – \$6,122,514] 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 \$5,303,341 [2019 – \$4,555,243] 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 \$2,748,186 [2019 – \$2,425,807].
- [d] The Network made a payment to Ontario Health of \$86,726 for a review of the Organ Allocation System project.

Trillium Gift of Life Network

Notes to financial statements

March 31, 2020

11. Commitments

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

	\$
2021	605,924
2022	590,059
2023	638,875
2024	643,986
2025	643,986
Thereafter	<u>1,287,972</u>

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.

13. Comparative financial statements

The comparative financial statements have been reclassified from financial statements previously presented to confirm to the presentation of the 2020 financial statements.