

Trillium Gift of Life Network

Annual Report 2018/19

Ontario 

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MESSAGE FROM THE PRESIDENT AND CEO AND BOARD CHAIR

We are pleased to present Trillium Gift of Life Network's Annual Report for 2018/19.

This report marks a milestone for Trillium Gift of Life Network as it transitions into Ontario Health, bringing to the new agency proven success in delivering direct integrated patient and family care.

Created in 2001 to better serve Ontarians waiting for a life-saving transplant, Trillium Gift of Life Network has evolved into an internationally-recognized leader in organ and tissue donation and transplantation. Our organization's reputation grows stronger each year, reflecting Ontario's enduring commitment to patients, donors, their families and the Ontario public, and Trillium Gift of Life Network's continuing and lasting mission to save and enhance more lives through the gift of organ and tissue donation and transplantation in Ontario.

From setting safe and fair policies tied to organ and tissue donation and transplant, to supporting donor families throughout their donation journey, to skillfully matching recipients with available organs, Trillium Gift of Life Network is involved in every step of the process, ensuring the seamless integration and interplay of each specialized team. With something as precious as life at stake, we deftly balance well-established and tested protocols and procedures with agility and innovation. Under our oversight, organ transplants in the past decade have increased by 20 per cent – and for lung transplants by a remarkable 86 per cent – organ donors by 50 per cent and tissue donors by an astounding 80 per cent. These results are due to the integration and connectedness with partners and stakeholders.

One such partner is our unmatched volunteer advocate network. With a shared purpose of increasing consent for donation via organ and tissue donor registration, thereby saving more lives, our advocates have helped to push Ontario's donor registration rate to 34 per cent. In 2018, we honoured one of our most active advocates, Janet Parr, with the Champion Award for her numerous contributions, which recently included securing pro-bono advertising space at Cineplex locations across Ontario. It is through the tireless mission of these volunteers that Trillium Gift of Life Network is able to exponentially expand the depth and breadth of its reach.

The Board of Ontario Health and all at Trillium Gift of Life Network recognize and appreciate the invaluable input from former board members. Their counsel and contributions have made possible and strengthened the activities outlined in this report. We greatly appreciate the time and passion they poured into the organization.

Trillium Gift of Life Network will continue to strive toward saving more lives in the years ahead, working seamlessly with a broad and diverse range of partners. Our deep knowledge, expertise, efficiency and dedication will enable us to extend our performance in areas where results are already strong while addressing and innovating where there are opportunities. For notwithstanding the great strides made by Ontario, still every three days one person on the waitlist dies, just waiting.

Given that Trillium Gift of Life Network has fulfilled its previous long-term vision: *to be a world-class leader*, the organization's and the province's current long-range vision is that:

No Ontarian Dies on the Waitlist Due to Lack of an Organ or Tissue.

Trillium Gift of Life Network and the entire Board of Ontario Health look forward to working with our partners in sustaining our excellence in patient care, public and professional education, and leadership in organ and tissue donation and transplantation. We look ahead to achieving our shared purpose, that of:

Engaging all Ontarians in Embracing Organ and Tissue Donation as a Personal Responsibility.

Sincerely,



Ronnie Gavsie
President and CEO



Bill Hatanaka
Board Chair

TRILLIUM GIFT OF LIFE NETWORK'S 2018/19 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.

Strategic Directions (2016-2019)

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

2018/2019 Goals

- Support transplantation through effective oversight and collaboration with stakeholders.
- Maximize organ and tissue donation for transplantation in partnership with stakeholders.
- Build a strong organ and tissue donation culture in Ontario.
- Drive performance, quality, innovation and cost-effectiveness through research, process improvement, information technology, and talent management.

2018/19 Objectives

1. Through performance measurement, drive improvements in access to transplantation and support optimal patient outcomes and transplant capacity planning.
2. Achieve a 63-65 per cent conversion rate for provincial hospitals, 365-385 organ donors and 3.30 organ yield per donor.
3. Achieve a 53 per cent consent rate, 2200 ocular donors and 240 multi-tissue donations.
4. Engage Ontarians in supporting organ and tissue donation and transplantation and inspire over 250,000 to register consent.
5. Enhance and sustain the quality management system that supports continuous quality improvement and meeting of quality standards.
6. Enhance IT to drive innovation and efficiency, and ensure the sustainability of mission-critical donation and transplant services.
7. Build a work environment that fosters staff engagement.
8. Develop and support research initiatives to advance evidence-based innovation and best practice in donation and transplantation.

OBJECTIVE 1: THROUGH PERFORMANCE MEASUREMENT DRIVE IMPROVEMENTS IN ACCESS TO TRANSPLANTATION AND SUPPORT OPTIMAL PATIENT OUTCOMES AND TRANSPLANT CAPACITY PLANNING.

Improving Equitable Access to Transplantation and Related Services

TGLN and its organ-specific working groups continued to drive equitable allocation of organs (to recipients) through ongoing review and improvement of evidence-based policies. In 2018/19, TGLN implemented changes to the deceased kidney donor allocation algorithm giving higher priority to living organ donors. TGLN also partnered with provincial tissue banks to develop waitlist management and allocation principles for fresh tissue and heart valves to ensure these tissues are allocated provincially to the patients with the greatest need.

TGLN, together with CorHealth, developed a clinical pathway for patients who require ventricular assist devices as a bridge to transplant or as permanent therapy. The clinical pathway provides a guide for how patients move through the system and are assessed for device eligibility. TGLN and CorHealth also developed an integrated adult advanced heart failure referral form to improve the referral process for transplant assessment and triaging at advanced heart failure clinics across the province.

TGLN continued its partnership with the Ontario Renal Network (ORN) on a provincial strategy to increase living donor kidney transplantation by 20 per cent by 2021. In 2018/19, TGLN and ORN supported 13 renal programs by developing new education resources, aiding the local quality improvement teams, expanding the Transplant Ambassador Program and improving data quality and analytics to inform local improvement initiatives.

Additionally, a provincial pilot project was implemented to gather evidence on whether a change to the current listing criteria for patients with alcohol-related liver disease (ALD) is required. Currently, patients with ALD are required to be abstinent from alcohol use for six months before they can be listed for a liver transplant. As of March 31, 2019, 210 ALD patients had been referred to participate in the pilot project, resulting in six successful transplants.

Increasing Organ Utilization

In 2018/19, the *Increased Risk Donor* Toolkit, a resource for Ontario transplant hospitals, was updated to include guidance for providers and patients on safe utilization of organs from hepatitis C-positive donors. Advancements in antiviral therapy enabled 76 patients to receive organs from hepatitis C positive donors in 2018/19. A new automated reporting system implemented by TGLN will be used to monitor short- and long-term outcomes of patients who receive these organs.

TGLN also launched a new data strategy to collect information on organ offers made to transplant hospitals, including the number of acceptances and declines, as well as reasons for declining organs. This important data will be linked to organ and patient outcomes to identify opportunities to improve organ utilization. It will also help to ensure that organs that have been offered are used safely and effectively.

TGLN, in collaboration with Ontario heart transplant programs and donation health care professionals, started planning for an exciting new provincial program (modelled after a program in the United Kingdom) to utilize hearts from donors after death by circulatory determination (DCD), which will lead to more heart transplants in Ontario. Working closely with Canadian Blood Services, TGLN hosted a national forum on heart donation following DCD to evaluate international protocols with existing Canadian medical, legal and ethical practices and perspectives ensuring Ontario practices would be in alignment. Following the forum, TGLN and the heart transplant programs developed clinical protocols and identified the resources and specialized equipment required for implementation. After a review of TGLN's application, the Ontario Health Technology Assessment

Committee's preliminary report recommended that the government fund the device for use in Ontario, conditional on Health Canada approval of the technology.

Supporting Transplant System Capacity and Integration

Ontario's remarkable success in increasing transplants, along with growing numbers of organs transplanted from older and increased risk donors and more complex transplant recipients, has created additional capacity pressures in the transplant system. TGLN has been collaborating with the transplant hospitals and other partners to ensure that the transplant system has sufficient capacity to continue providing high-quality care to patients.

TGLN and the seven Ontario kidney transplant programs embarked on a new initiative to examine kidney transplantation resources across the continuum of care from pre-transplant to post-transplant follow-up. Using the *Clinical Handbook for Kidney Transplantation* as a guide, the hospitals analyzed service utilization and costs to better understand the current state of kidney transplantation, including identification of practice variations and considerations for future transplant funding.

TGLN also launched a new initiative to review system capacity challenges and ensure an efficient and responsive system that maximizes all opportunities for donation and transplantation. The first phase of this initiative involved defining and measuring system efficiency metrics, including case length from donor referral to organ transplantation. The results of these analyses will help to identify bottlenecks in the donation and transplantation pathway and inform quality improvement initiatives and broader system planning efforts.

To support the increased demand for organ recovery services, TGLN continued to provide funding for recovery teams in transplant hospitals and through the provincial organ recovery working group evaluated system performance and implemented new processes and tools. TGLN also continued to partner with Ornge to ensure the timely transport of organs and medical teams.

Strengthening Performance Measurement to Support Optimal Patient Outcomes

TGLN formed the Transplant Performance Measurement and Evaluation Executive Committee to develop a framework to guide the reporting of transplant performance and quality indicators.

TGLN and transplant hospitals continued to collect and analyze data throughout the patient's journey, from referral for transplant assessment to post-transplantation, to identify opportunities to strengthen system efficiency and to improve patient experience and outcomes post-transplantation.

OBJECTIVE 2: ACHIEVE A 63 – 65 PER CENT CONVERSION RATE FOR PROVINCIAL HOSPITALS, 365-385 ORGAN DONORS AND 3.30 ORGAN YIELD PER DONOR.

In 2018/19, 331 organ donors in Ontario saved the lives of 1,064 patients through transplantation and set a new record for organ donations after DCD, with 119 individuals giving the gift of life.

While there was an 11 per cent increase in the number of referrals by hospitals, there was a 12 per cent increase in the number of cases that were deemed medically unsuitable for donation. This decrease in medically suitable donors contributed to a conversion rate of 54 per cent, which although two per cent higher than the previous year fell short of the target. There were however, several factors positively impacting donation performance, including an 8 per cent increase in the number of families who consented to donation and an increase in donation following Medical Assistance in Dying.

The number of organs recovered and transplanted per donor, or the organ yield was 3.22 in 2018/19. Organ yield is highly influenced by the number of DCD donors, as the overall yield from DCD donors is typically less than donors from neurologically determined death. In 2018/19, the number of DCD donors was the highest ever achieved, making up 36 per cent of Ontario's deceased organ donors compared to 31 per cent in 2017/18. Also, the number of older DCD donors increased as well (16 per cent of DCD donors in 2018/19 compared to 11 per cent in 2017/18), which further reduced the organ yield.

Although aggressive targets for organ donation were not met, there are several promising initiatives, which will save more lives in the future, including use of perfusion devices; implementation of heart recovery following DCD; expansion of protocols for non-perfused lung donation to additional hospitals; and, extending recovery timelines on DCD donors.

Improvements in Organ Donation Performance

Expansion of NPOD Protocol

Non-perfused organ donation (NPOD) is a form of lung donation from DCD cases where the lungs are recovered after an unsuccessful resuscitation of cardiac arrest. A restrictive set of medical criteria must be met for these cases to proceed, meaning these types of cases are rare.

Following the successful implementation of NPOD at three hospitals (William Osler Health System – Brampton Civic Hospital, Etobicoke General Hospital; and St. Michael's Hospital), TGLN supported further enhancements to streamline the protocol to increase the opportunities for lung donation from these patients. These enhancements included implementing continuous positive airway pressure to the lungs to better preserve the option for donation and instituting electronic alerts in TGLN's electronic case management system to ensure potential NPOD donors are identified. These measures resulted in more than double the number of NPOD referrals in 2018/19 compared to the previous year.

In addition to enhancing standard NPOD, TGLN actively worked with its partners in the lung transplant program at Toronto General Hospital and other select hospital partners to develop a protocol for NPOD lung donation following DCD where the DCD attempt is not fulfilled due to timing. This innovative initiative will allow for the early identification of potential NPOD lung donors following DCD attempt, and provide the opportunity for lung donation to occur in circumstances where it has not yet been possible.

Medical Assistance in Dying (MAID) Candidates for Donation

TGLN's work to support donation following MAID continues to expand. In 2018/19, 12 MAID patients became organ donors and 90 became tissue donors, as donation was integrated into their end-of-life care. Over the year, there was also an increase in the number of stakeholders seeking educational resources on donation following MAID. To support further education of health care professionals on MAID and donation, TGLN developed and released a comprehensive MAID Toolkit, and continues to network with hospital and community-based MAID professionals to provide education to practice groups. TGLN is also supporting the coordination of medical suitability testing for at-home patients who have agreed to have their MAID procedure in a hospital to enable organ donation.

New Public Reporting Performance Metric

In 2018/19, TGLN successfully launched a third hospital donation performance metric, eligible approach rate, which measures the timeliness of the hospital's referral thereby enabling TGLN's trained coordinator to approach the family to seek consent for donation.

During the previous year prior to launch, TGLN worked closely with its hospital partners to provide extensive training and education on the new metric. The provincial eligible approach rate for 2018/19 was 82 per cent, 6 per cent higher compared to the previous year's performance.

Enhancing Communication and Accountability

As the number and complexity of donation cases continues to grow, and with a large number of stakeholders in the health care system who work together to support donation and transplantation, it is important to ensure there are multiple avenues for communication throughout a potential organ donation case to optimize results.

The Case Milestone Report was created for TGLN coordinators to relay information in real time to hospital staff during an active donation case, improving communication with hospital stakeholders and in particular during the transition phases in a case. A Rapid Review Process was also established requiring prompt review by TGLN physicians and clinical leadership in specific circumstances where a potential donor had not been approached, an organ donor case was declined due to timing, or in situations where additional follow-up with physicians was required.

Strengthening Physician Engagement in Donation

Physicians play a pivotal role in building a culture of donation in hospitals and integrating donation as part of quality end of life care. Consistent with leading practices internationally, TGLN continued to strengthen physician engagement in donation in 2018/19.

Establishing Donation Physician Goal Setting

Building on previous years' work to broaden donation physician accountability through formalized goal-setting, TGLN supported Hospital Donation Physicians through automated tools enabling streamlined and timely access to critical information and education resources for local physicians. The organization also improved tracking, follow-up and monitoring of leading practices and key activities, such as education on donation to MAID professionals and involvement in the validation of hospital statistics related to the public reporting of eligible approach rate.

Clinical Scholar Role

TGLN worked closely with partner hospitals to establish the first-ever TGLN Clinical Scholar role in donation to raise the profile of the clinical science behind donation. This role is unique in that it provides the opportunity for a donation physician who is new in their career to work with TGLN and its network of donation physicians on a donation-related research initiative while also contributing as a clinical resource, educator and advocate of donation.

TGLN continued its collaboration with Canadian Blood Services to facilitate the Donation Symposium at the annual Critical Care Canada Forum. This symposium is an important opportunity for Ontario physicians and others working in the field of donation to learn from experts across Canada and the world about leading and emerging practices.

OBJECTIVE 3: ACHIEVE A 53 PER CENT CONSENT RATE, 2200 OCULAR DONORS AND 240 MULTI-TISSUE DONATIONS.

There were 2470 ocular tissue donors in 2018/19, exceeding the annual target by 12 per cent. Multi-tissue donations totalled 221, which is a five per cent increase over the previous year, despite being below target. Decreased volume of tissue donation referrals to TGLN and an increased number of medically unsuitable multi-tissue donation cases impacted TGLN's ability to meet the target.

TGLN achieved a tissue consent rate of 50 per cent in 2018/19. While this is an improvement from the previous year, there was a two per cent increase in the number of times TGLN was unable to connect with a potential donor's next-of-kin, reducing the opportunity for higher consent rates.

Improvements in Tissue Donation Performance

Engagement of Partners in Increasing Potential 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. In 2018/19, reporting of routine notification rate was expanded to four additional hospital sites. Also, TGLN expanded the Coroner's Referral Program from one region to an initiative that is now province-wide and expanded the Paramedic Referral Program to two additional services: Middlesex- London Paramedic Service and County of Renfrew Paramedic Service. Building on the experience with the Coroners and Paramedics, TGLN most recently partnered with the Ottawa Police Service to develop a referral program to help increase tissue donations.

Expansion of Consent Training for Tissue Coordinators

To increase tissue consent rates, TGLN provided extensive training to staff on approaching and consenting patients and families for organ and tissue donation. In 2018/19, a renewed consent training program was launched, including consent training with standardized patients, integration of self-reflection exercises where staff reviewed recordings of approaches to families for tissue donation to ensure they were in accordance with training, and sharing of individualized staff consent reports.

Leading the Redesign of the Tissue System in Ontario

Consolidation of Ocular Tissue Recovery under TGLN

TGLN has worked closely with the Eye Bank of Canada – Ontario Division (EBCOD) to transition the provision of all ocular recoveries to TGLN, while the EBCOD retains responsibility for the processing and distribution of recovered ocular tissue. To support this initiative, TGLN recruited new ocular Tissue Recovery Coordinators in various regions across Ontario and provided a redesigned and extended training program to staff on both whole globe and in-situ recovery techniques. This revised program will lead to improved tissue quality and optimal surgical outcomes for corneal transplants.

Supporting an Integrated Tissue Donation System

TGLN completed the foundational work for the implementation of an inventory system to track and manage the multitude of supplies required for both multi-tissue and ocular recovery, as well as a scheduling system to support the increased number of recovery staff employed across the province. A GPS tracking system is being applied to allow for remote monitoring of recovered ocular tissue, which will allow TGLN to track the location and temperature of recovered tissue while in transit. Remote monitoring will greatly reduce the risk of compromised tissue quality or loss.

Optimizing Work Flow of New Multi-Tissue Recovery System

TGLN continued its work to optimize workflow and processes related to multi-tissue recovery through standardization of recovery techniques, training for technicians on en bloc fresh tissue recovery and implementation of strategies to reduce tissue recovery time. TGLN has also collaborated with the Office of the Chief Coroner of Ontario to complete renovations of the tissue recovery suite at the Coroner's office to improve case flow and ensure health and safety requirements are met.

OBJECTIVE 4: ENGAGE ONTARIANS IN SUPPORTING ORGAN AND TISSUE DONATION AND TRANSPLANTATION AND INSPIRE OVER 250,000 TO REGISTER CONSENT.

In 2018/19, nearly 218,900 Ontarians registered their consent for organ and tissue donation increasing the total number of registered donors in the province to more than 4.2 million, or 34 percent of the eligible population. Several communities in northern Ontario now have registration rates well above 50 per cent. As TGLN inspires more Ontarians to register and the unregistered population continues to decline, the pace of growth inevitably slows as those who are less in favour of registering consent to donate make up a greater proportion of the population that remains.

Despite this challenge, TGLN has seen very strong growth in registrations through the online registration portal BeADonor.ca. Online registrations, which can be directly attributed to TGLN's public education and marketing initiatives, particularly in earned, paid and social media, almost doubled in 2018/19.

Earned Media Initiatives, Social Media Engagement and Paid Media

Many 2018/19 earned media initiatives produced periods of increased registration activity and awareness for organ and tissue donation. After TGLN announced Ontario had reached four million registrants, there was a 50 per cent increase in online registrations over the daily average in the days following. Media support for the TGLN Hospital Awards led to increased organ and tissue donation awareness in 29 hospital markets and a spike in registration numbers after these respective announcements. There were a total of 103 mentions (radio, TV and print) with a reach of 10.2 million and a publicity value of \$22,500 as a result.

Social media initiatives also helped to drive traffic to BeADonor.ca, leading to nearly 150,000 unique visitors in 2018/19. TGLN reached more than 2,280,000 people on Facebook and earned more than 25.5 million impressions on Twitter. TGLN's Facebook posts positively connected with fans driving increased engagement this year both from its followers and new visitors.

TGLN also relaunched its *DONORNation* multi-media marketing campaign (original run: January – March 2018), which connects Canadian values to organ and tissue donation. It intended to compel Ontarians to register for organ and tissue donation in order to build a culture of donation. It ran for 22 weeks and generated approximately 94.2 million impressions through the use of digital banners, videos and social media. The social media portion of the campaign was evolved and expanded to reach a widened demographic.

BeADonor Month 2018

BeADonor Month is TGLN's annual campaign in April, when the organization and its partners, stakeholders and advocates, band together to promote the importance of registering for organ and tissue donation throughout Ontario.

The theme of BeADonor Month 2018 reflected TGLN's marketing campaign, urging everyone to demonstrate their support to become a *DONORNation*. All the efforts combined resulted in more than 23,000 new registrations during April – a 40 per cent increase from 2017/18. These strong results were due, in part, to the national awareness of the Humboldt Broncos bus tragedy and the news that one of the victims, Logan Boulet, donated his organs. In the day following this news, new online registrations rose to 865 – a 1,210 per cent increase over the daily average.

ServiceOntario Partnership

The partnership between ServiceOntario, the Ministry of Government and Consumer Services, and TGLN is most vital, ensuring that every eligible Ontarian has the opportunity to be prompted for donor registration when receiving or renewing a health card, driver's license or identification card.

TGLN and ServiceOntario developed a joint dashboard to monitor donor registration performance and measure sign-up rates for individual ServiceOntario centres. The resulting information will allow for targeted improvements in areas of need.

As ServiceOntario moved into a new integrated health card and driver's licence online application, it was critical for TGLN to ensure the opportunity for donor registration remained available for all Ontarians. As such, TGLN worked with ServiceOntario to embed donor registration within the online application process and test user-friendly interface options.

TGLN and ServiceOntario also executed a direct mail campaign targeted at Red & White health card holders, who have a significantly lower registration rate than photo health card holders, to encourage donor registration. Over 240,000 letters were distributed, generating more than 4,600 registrations.

Hospital, Government and Community Partners

TGLN continued to support its hospital, government and community partners in a wide range of communications initiatives throughout the year.

TGLN nurtured existing relationships and forged new connections with elected officials at all levels of government and in 2018/19, there was unprecedented support from elected officials in spreading awareness, particularly through social media.

TGLN also continued its partnership with the Toronto Transplant Institute to educate youth in Ontario on organ and tissue donation through the *High Schools Outreach Project*. Now in its eighth year, the program has reached a total of 30,000 students, providing them with information and inspiration to make an informed decision on organ and tissue donor registration and to speak with their families.

Additionally, TGLN again partnered with South Asian advocate groups as well as the Council of Agencies Serving South Asians (CASSA) to educate South Asian cultural and faith communities about organ and tissue donation and transplantation across the Greater Toronto Area.

Advocate Network

TGLN has more than 25 advocate groups and 300 volunteer advocates who operate as an extension of TGLN, engaging Ontarians across the province on an effective grassroots level. These groups organize community engagement activities, meet with elected officials and speak to their local media, tirelessly championing organ and tissue donor registration across Ontario.

In 2018/19, TGLN supported nearly 200 community events across the province and fulfilled many more requests from individuals and organizations who facilitated an activity promoting organ and tissue donor awareness. TGLN continued its Advocates in Action Award program recognizing volunteers who make a significant contribution to increasing donor registration.

OBJECTIVE 5: ENHANCE AND SUSTAIN THE QUALITY MANAGEMENT SYSTEM THAT SUPPORTS CONTINUOUS QUALITY IMPROVEMENT AND MEETING OF QUALITY STANDARDS.

Supporting Compliance

TGLN prides itself on continuously achieving or exceeding compliance with regulatory standards. To maintain its status as an approved organ procurement organization, TGLN recently underwent its tri-annual inspection by Health Canada of its donation, recovery and quality system processes. TGLN was found to be fully compliant with Health Canada's regulatory requirements for cells, tissues and organs.

In preparation for future accreditation by the American Association for Tissue Banks (AATB) and to support compliance with Eye Bank of America Association (EBAA) Standards, TGLN also reviewed and updated nearly 100 multi-tissue and ocular donation process instructions.

Expanding Multi-tissue and Ocular Recovery

A key component of the redesign of Ontario's tissue donation and transplantation system involved TGLN taking full responsibility to recover both ocular and multi-tissue across the province. Successful audits of TGLN's ocular and multi-tissue recovery processes by the tissue banks, including TGLN's most recent audit carried out by the Eye Bank of Canada is a significant milestone in the redesign process.

Continuous Quality Improvement

TGLN devoted significant efforts to continuous improvement initiatives in 2018/19. A database and reporting tool was developed to gather, track and report critical incidents and other identified process incidents and complaints to analyze trends and develop strategies to mitigate re-occurring concerns.

As part of a commitment to continuous quality improvement and to maintain public trust in the organ allocation system, TGLN conducted a pilot project to audit organ allocation. TGLN also developed an Orientation to the Quality module to help clinical staff better understand the tools available to improve process quality.

OBJECTIVE 6: ENHANCE IT TO DRIVE INNOVATION AND EFFICIENCY, AND ENSURE THE SUSTAINABILITY OF MISSION-CRITICAL DONATION AND TRANSPLANT SERVICES.

TOTAL Replacement Project

TGLN conducted a rigorous and open request for proposal process to select a vendor to replace TOTAL, TGLN's mission-critical outdated organ waitlist management and allocation system. The proposed new cloud-based solution will automate parts of the organ allocation process that currently require manual workarounds, which carry the risk of human error in the matching of donors to recipients. It will also improve the efficiency, accuracy and speed of executing transplant activities while increasing patient safety.

Over 70 key stakeholders, including hospitals, laboratory directors and other business and IT partners, were involved in determining requirements for the new system. The updated solution, when developed, will enable quick implementation of evidence-based decisions as well help promote a higher quality of care along the entire patient continuum and better health outcomes.

Service Improvements

Focused on delivering service improvement, TGLN launched the Indicator Dictionary, a central repository for business indicators containing definitions and calculations that allows user groups to access relevant business indicator information and eliminate ambiguity around definitions.

Based on users' feedback, TGLN developed a standard format for its reporting process, which provides more information on the data sources and calculations used to prepare the reports. A newly added triage process ensures reports are delivered with the information and structure that the client requested.

With the ever-increasing need for data and reporting, TGLN also created self-serve parameterized tools that allow staff to generate reports autonomously. These reports increase the efficiency of the organization to make educated decisions and free up Informatics resources toward analysis and development of complex reports and data requests.

Modernize Systems through Technology

In 2018/19, TGLN implemented a series of technology solutions and processes to assist in the modernization and transformation of key business areas such as coordination of donation and transplantation, mobile computing, security and privacy protection.

To enhance staff communication and collaboration, TGLN applied a new cloud-based unified communication system that improved tracking and reporting of call activities in the

Provincial Resource Center (TGLN's hub for coordinating the organ and tissue donation process); upgraded communication efficiency by integrating new channels, such as SMS, chat, video and web conferencing, in a single platform; provided efficient access to key telephone directories for the Provincial Resource Center; and ensured high availability for continuity in operations.

TGLN also improved information security and privacy protection with the assistance of an Information Security Specialist. In following the National Institute of Standards and Technology framework for cybersecurity, key areas for improvement have been identified and are being acted on.

OBJECTIVE 7: BUILD A WORK ENVIRONMENT THAT FOSTERS STAFF ENGAGEMENT.

Ontario's success in donation and transplant performance is reliant on TGLN having a highly specialized, trained and stable workforce. Given this important link, TGLN remains committed to enhancing staff engagement. TGLN's inspired and focused mission to save and enhance more lives is a key driver of staff engagement. In addition to the motivation provided through its mission, in 2018/19, TGLN continued to build staff engagement through various measures.

Elevating Performance

TGLN launched a new leader orientation to better orient and equip new people managers to fulfill a broader scope of job responsibilities and expectations. It also introduced a robust set of competencies to front-line staff, which were previously launched for management staff only. These competencies are captured in the annual performance reviews and will be reflected in other key areas, such as recruitment and training, to facilitate hiring and retention of qualified staff.

Evidence-Based Improvements

TGLN enhanced the HR dashboard to measure a broader set of HR metrics related to recruitment and retention and launched a questionnaire for newly hired staff. Both of these tools have helped to generate insights and identify evidence-based opportunities for improvement. This included the roll-out of an improved checklist and process to facilitate quality onboarding of new staff.

Strengthening Employee Safety and Well-Being

TGLN continued to strengthen occupational health and safety and employee wellness through new initiatives. It conducted an ergonomic assessment of key roles and provided additional equipment for clinical staff to ease their work and reduce the risk of injury during multi-tissue recovery procedures. It also supported front-line staff who have the rewarding, yet the understandably emotional role of working with donors and their families, by sharing methods and techniques for self-care to prevent burnout and compassion fatigue. Additionally, TGLN's Wellness Committee shared a wide variety of ideas to promote health and wellness to all staff.

Enhancing Awareness and Compliance

TGLN continued to issue new and updated policies and procedures to support staff with their work. A wide variety of tools were deployed, including education sessions, monitoring and reporting through dashboards and an attestation process in annual performance reviews to promote staff knowledge, awareness, education and compliance with these key policies.

OBJECTIVE 8: DEVELOP AND SUPPORT RESEARCH INITIATIVES TO ADVANCE EVIDENCE-BASED INNOVATION AND BEST PRACTICE IN DONATION AND TRANSPLANTATION.

In 2018/19, TGLN developed and supported research initiatives to advance evidence-based innovation and best practice in donation and transplant. This was achieved through the development of the *Evaluation of the Transplant Support Physician Role* study, and the support of four key donation studies: *Characteristics of Successful Approach of Potential Donors*; *Canada's Medical Assistance in Dying Donation Experience*; *Organ Donation Following Withdrawal of Non-invasive Ventilation*; and *Impact of the Opiate Crisis on Solid Organ Donation in Canada*. TGLN also supported the *Hepatitis C Rejected Human Lungs* study, a key transplant study that resulted in an increase in lung transplants by demonstrating that these lungs can be treated and safely transplanted into hepatitis c negative recipients.

Through a partnership with researchers and research organizations in Ontario and across Canada, TGLN provided 16 consultations and completed 25 complex data and research requests. TGLN currently supports 16 ongoing research studies and is working through 18 data and research requests. These research studies and requests, in concert with data sharing with external partners, facilitate the promotion and advancement of donation and transplantation innovation in Ontario.

FINANCIAL PERFORMANCE ANALYSIS

TGLN ended the fiscal year 2018/19 with a budgetary surplus. TGLN complied with the government's discretionary expenditure measures without negatively impacting its patient and public-facing programs and services to support donation, transplantation and donor registration. TGLN's budgetary resources were focused on advancing achievement of the organization's goals and objectives. TGLN's expenditures are detailed in the audited financial statements in the report.

APPENDIX I – TABLES AND FIGURES

Table 1: Tissue Donation by Tissue Type

<i>Tissue Donation</i>	<i>FY 2018/19</i>	<i>FY 2017/18</i>	<i>FY 2016/17</i>
Tissue Donors	2,495	2,153	2,245
Ocular Donors	2,470	2,126	2,218
Skin Donations	65	56	55
Heart Valve Donations	38	54	31
Bone Donations	118	101	97
Tissue Consent Rate	50%	49%	51%

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%	83%	130	883
Halton Healthcare Services	95%	33%	83%	4	52
Humber River Hospital	99%	42%	97%	5	30
Joseph Brant Hospital	99%	100%	76%	4	35
Lakeridge Health	97%	64%	94%	7	123
Mackenzie Health	97%	50%	81%	4	17
Markham Stouffville Hospital	96%	75%	67%	3	25
Michael Garron Hospital	92%	17%	83%	1	43
North York General Hospital	98%	67%	92%	2	15
Scarborough Health Network	97%	43%	92%	12	53
Sinai Health System	97%	100%	80%	1	32
Southlake Regional Health Centre	95%	67%	71%	2	57
St. Joseph's Health Centre	95%	71%	91%	5	24
St. Michael's Hospital	92%	64%	94%	18	35
Sunnybrook Health Sciences Centre	90%	58%	83%	22	76
The Hospital for Sick Children	95%	56%	89%	5	9
Trillium Health Partners	99%	44%	86%	12	114
University Health Network	99%	25%	56%	6	78
William Osler Health System	97%	55%	92%	17	65
SIMCOE MUSKOKA REGION	95%	56%	82%	10	125
Collingwood General & Marine Hospital	91%	50%	67%	1	8
Georgian Bay General Hospital	100%	0%	100%	0	13
Headwaters Health Care Centre	88%	--	--	0	5
Muskoka Algonquin Healthcare	94%	--	100%	0	16
Orillia Soldiers' Memorial Hospital	92%	100%	80%	3	29
Royal Victoria Regional Health Centre	97%	55%	79%	6	54
EASTERN REGION	95%	58%	82%	48	506
Brockville General Hospital	89%	--	--	0	25

Children's Hospital of Eastern Ontario	95%	67%	43%	2	0
Cornwall Community Hospital	96%	--	67%	0	23
Hawkesbury & District General Hospital	87%	--	--	0	12
Hôpital Montfort	88%	63%	82%	5	15
Kingston Health Sciences Centre	98%	44%	73%	7	70
Lennox & Addington County General Hospital	80%	--	--	0	13
Northumberland Hills Hospital	93%	--	--	1	22
Pembroke Regional Hospital	100%	--	100%	0	13
Peterborough Regional Health Centre	97%	33%	100%	2	81
Queensway Carleton Hospital	92%	83%	88%	5	31
Quinte Health Care	96%	100%	83%	3	50
Ross Memorial Hospital	95%	--	--	0	29
The Ottawa Hospital	98%	67%	89%	22	105
University of Ottawa Heart Institute	99%	17%	71%	1	17
NORTHERN REGION	95%	62%	83%	21	132
Health Sciences North	98%	92%	86%	12	51
Kirkland & District Hospital	100%	--	--	0	0
Lake of the Woods District Hospital	59%	--	--	0	0
North Bay Regional Health Centre	97%	67%	83%	2	34
Sault Area Hospital	96%	17%	62%	1	6
St. Joseph's General Hospital Elliot Lake	88%	--	--	0	0
Thunder Bay Regional Health Sciences Centre	96%	50%	89%	6	16
Timmins & District Hospital	95%	--	50%	0	9
West Nipissing General Hospital	85%	--	--	0	11
West Parry Sound Health Centre	76%	--	--	0	5
SOUTHWESTERN REGION	96%	69%	82%	122	722
Bluewater Health	97%	50%	82%	2	34
Brant Community Healthcare System	95%	67%	85%	4	26
Cambridge Memorial	99%	75%	91%	3	32
Chatham-Kent Health Alliance	98%	100%	85%	2	24
Erie Shores Healthcare	72%	--	--	0	5
Grand River Hospital	95%	88%	85%	7	40
Grey Bruce Health Services	95%	67%	67%	2	20
Guelph General Hospital	95%	78%	92%	7	31
Hamilton Health Sciences	96%	73%	79%	27	84
Huron Perth Health Alliance	96%	0%	100%	0	16
London Health Sciences Centre	93%	74%	84%	34	135
Middlesex Hospital Alliance	79%	--	--	0	5
Niagara Health System	98%	57%	74%	13	105
Norfolk General Hospital	92%	--	--	0	11
St. Joseph's Healthcare Hamilton	98%	0%	89%	0	24
St. Mary's General Hospital	97%	75%	53%	6	25
St. Thomas-Elgin General Hospital	95%	100%	50%	1	16
Tillsonburg District Memorial Hospital	90%	--	--	0	11
Windsor Regional Hospital	97%	68%	93%	13	62

Woodstock General Hospital	97%	20%	80%	1	16
OTHERS					127
Others					127
TOTAL	96%	58%	82%	331	2,495

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

<i>Type of Donor</i>	<i>FY 2018/19</i>	<i>FY 2017/18</i>	<i>FY 2016/17</i>
Deceased Donors from Ontario	331	335	354
NDD Donors from Ontario	212	232	242
DCD Donors from Ontario	119	103	112
Living Donors from Ontario	285	270	242
All Ontario Donors	616	605	596
Deceased Donors from Other Canadian Provinces	80	99	93
Deceased Donors from the United States	30	20	10
All Out-of-Province Donors	110	119	103

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 2018/19</i>			<i>FY 2017/18</i>			<i>FY 2016/17</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	67	0	67	84	0	84	75	0	75
Kidney	317	180	497	356	162	518	369	183	552
Liver	164	24	188	182	19	201	187	24	211
Lung	172	69	241	171	55	226	179	50	229
Pancreas - Islets	27	6	33	23	5	28	51	6	57
Pancreas - Whole	31	7	38	33	2	35	37	7	44
Small Bowel	1	0	1	0	0	0	1	0	1
Total	779	286	1065	849	243	1092	899	270	1,169

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

<i>Donor Type</i>	<i>FY 2018/19</i>		<i>FY 2017/18</i>		<i>FY 2016/17</i>	
	<i>Number of Donors</i>	<i>Organ Yield</i>	<i>Number of Donors</i>	<i>Organ Yield</i>	<i>Number of Donors</i>	<i>Organ Yield</i>
DCD	119	2.4	103	2.36	112	2.41
NDD	212	3.67	232	3.66	242	3.71
Total	331	3.22	335	3.26	354	3.30

<i>Organ Utilization</i>			
<i>Organ Type</i>	<i>FY 2018/19</i>	<i>FY 2017/18</i>	<i>FY 2016/17</i>
Heart	20%	25%	21%
Kidney	75%	77%	78%
Liver	56%	60%	59%
Lung	36%	34%	32%
Pancreas - Islets	10%	8%	16%
Pancreas - Whole	11%	10%	12%
Small Bowel	0%	0%	0%

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

<i>Organ(s) Transplanted</i>	<i>FY 2018/19</i>	<i>FY 2017/18</i>	<i>FY 2016/17</i>
Kidney from Deceased Donors	435	467	500
Kidney from Living Donors	227	218	198
Liver from Deceased Donors	189	208	209
Liver from Living Donors	58	52	44
Heart	68	86	89
Lung	188	174	149
Pancreas (Whole)	5	20	22
Small Bowel	1	0	0
Kidney/Pancreas	36	25	36
Heart/Lung	1	3	0
Liver/Kidney	12	8	7
Liver/Heart	0	0	0
Liver/Bowel	1	0	1
Liver/Lung	0	1	1
Liver/Pancreas	0	0	0
VCA	0	0	0
Total	1,221	1,262	1,256

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

Table 7: Waiting List for Organ Transplants

Organ	March 31, 2019	March 31, 2018	March 31, 2017
Kidney	1,204	1,095	1,120
Liver	289	227	237
Heart	55	38	45
Lung	51	49	63
Pancreas (Whole)	12	10	16
Small Bowel	1	1	1
Kidney/Pancreas	64	71	64
Other*	15	23	12
Total	1,691	1,514	1,556

*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
	No. Cases	Amt.	No. Cases	Amt.	No. Cases	Amt.	
ALEXANDRA MARINE & GENERAL HOSPITAL	1	\$800	0	\$0	0	\$0	\$800
ALEXANDRA MARINE & GENERAL HOSPITAL	1	\$800	0	\$0	0	\$0	\$800
BLUEWATER HEALTH	9	\$7,200	5	\$10,250	2	\$6,300	\$23,750
BLUEWATER HEALTH - SARNIA	9	\$7,200	5	\$10,250	2	\$6,300	\$23,750
BRANT COMMUNITY HEALTHCARE SYSTEM	19	\$15,200	10	\$20,500	6	\$18,900	\$54,600
BRANT COMMUNITY HEALTHCARE SYSTEM - BRANTFORD GENERAL HOSPITAL	19	\$15,200	10	\$20,500	6	\$18,900	\$54,600
BROCKVILLE GENERAL HOSPITAL	1	\$800	0	\$0	0	\$0	\$800
BROCKVILLE GENERAL HOSPITAL	1	\$800	0	\$0	0	\$0	\$800
CAMBRIDGE MEMORIAL HOSPITAL	9	\$7,200	7	\$14,350	3	\$9,450	\$31,000
CAMBRIDGE MEMORIAL HOSPITAL	9	\$7,200	7	\$14,350	3	\$9,450	\$31,000
CHATHAM-KENT HEALTH ALLIANCE	11	\$8,800	6	\$12,300	3	\$9,450	\$30,550
CHATHAM-KENT HEALTH ALLIANCE - CHATHAM CAMPUS	11	\$8,800	6	\$12,300	3	\$9,450	\$30,550
CHILDREN'S HOSPITAL OF EASTERN ONTARIO	3	\$2,400	1	\$2,050	1	\$3,150	\$7,600
CHILDREN'S HOSPITAL OF EASTERN ONTARIO	3	\$2,400	1	\$2,050	1	\$3,150	\$7,600
COLLINGWOOD GENERAL & MARINE HOSPITAL	3	\$2,400	2	\$4,100	1	\$3,150	\$9,650
COLLINGWOOD GENERAL & MARINE HOSPITAL	3	\$2,400	2	\$4,100	1	\$3,150	\$9,650
CORNWALL COMMUNITY HOSPITAL	3	\$2,400	0	\$0	0	\$0	\$2,400
CORNWALL COMMUNITY HOSPITAL	3	\$2,400	0	\$0	0	\$0	\$2,400
GEORGIAN BAY GENERAL HOSPITAL	3	\$2,400	0	\$0	0	\$0	\$2,400
GEORGIAN BAY GENERAL HOSPITAL - MIDLAND SITE	3	\$2,400	0	\$0	0	\$0	\$2,400

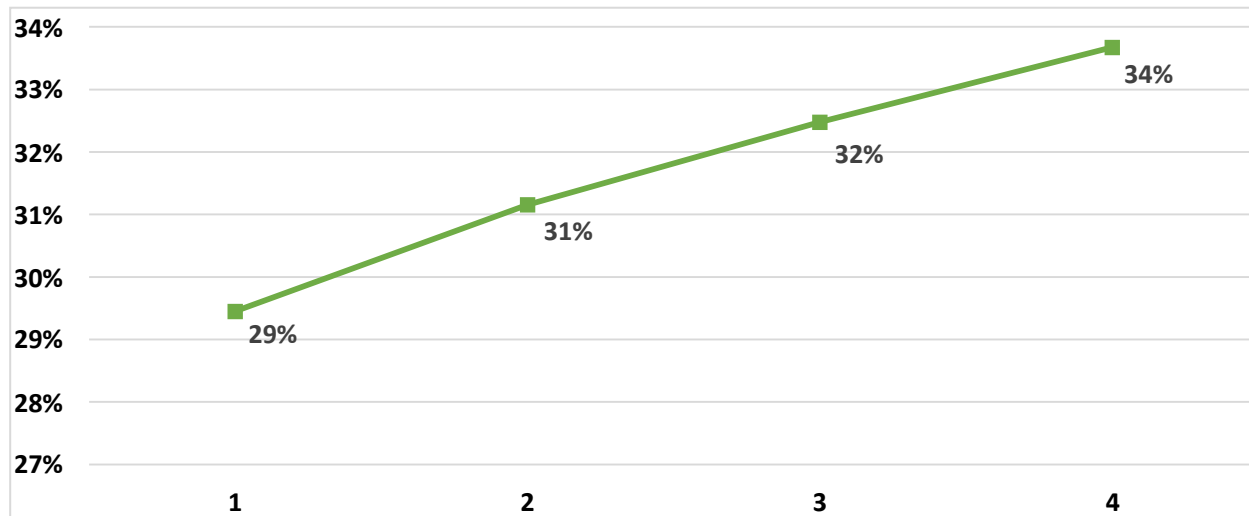
GRAND RIVER HOSPITAL	21	\$16,800	13	\$26,650	7	\$22,050	\$65,500
GRAND RIVER HOSPITAL - KITCHENER-WATERLOO CAMPUS	21	\$16,800	13	\$26,650	7	\$22,050	\$65,500
GREY BRUCE HEALTH SERVICES	4	\$3,200	3	\$6,150	2	\$6,300	\$15,650
GREY BRUCE HEALTH SERVICES - OWEN SOUND HOSPITAL	4	\$3,200	3	\$6,150	2	\$6,300	\$15,650
GUELPH GENERAL HOSPITAL	20	\$16,000	14	\$28,700	7	\$22,050	\$66,750
GUELPH GENERAL HOSPITAL	20	\$16,000	14	\$28,700	7	\$22,050	\$66,750
HALTON HEALTHCARE SERVICES	15	\$12,000	6	\$12,300	4	\$12,600	\$36,900
HALTON HEALTHCARE SERVICES - OAKVILLE TRAFALGAR MEMORIAL HOSPITAL	11	\$8,800	5	\$10,250	4	\$12,600	\$31,650
HALTON HEALTHCARE SERVICES - MILTON DISTRICT HOSPITAL	3	\$2,400	1	\$2,050	0	\$0	\$4,450
HALTON HEALTHCARE SERVICES - GEORGETOWN HOSPITAL	1	\$800	0	\$0	0	\$0	\$800
HAMILTON HEALTH SCIENCES	106	\$84,800	57	\$116,850	31	\$97,650	\$299,300
HAMILTON GENERAL HOSPITAL	88	\$70,400	46	\$94,300	23	\$72,450	\$237,150
MCMASTER CHILDREN'S - HAM	7	\$5,600	4	\$8,200	2	\$6,300	\$20,100
JURAVINSKI HOSPITAL - HAM	10	\$8,000	7	\$14,350	6	\$18,900	\$41,250
WEST LINCOLN MEMORIAL HOSPITAL	1	\$800	0	\$0	0	\$0	\$800
HANOVER & DISTRICT HOSPITAL	1	\$800	0	\$0	0	\$0	\$800
HANOVER & DISTRICT HOSPITAL	1	\$800	0	\$0	0	\$0	\$800
HEALTH SCIENCES NORTH	47	\$37,600	24	\$49,200	15	\$47,250	\$134,050
HEALTH SCIENCES NORTH	47	\$37,600	24	\$49,200	15	\$47,250	\$134,050
HÔPITAL MONTFORT	14	\$11,200	10	\$20,500	5	\$15,750	\$47,450
MONTFORT HOSPITAL	14	\$11,200	10	\$20,500	5	\$15,750	\$47,450
HUMBER RIVER HOSPITAL	27	\$21,600	11	\$22,550	6	\$18,900	\$63,050
HUMBER RIVER HOSPITAL	27	\$21,600	11	\$22,550	6	\$18,900	\$63,050
HURON PERTH HEALTH ALLIANCE	9	\$7,200	3	\$6,150	2	\$6,300	\$19,650
STRATFORD GENERAL HOSPITAL	9	\$7,200	3	\$6,150	2	\$6,300	\$19,650
JOSEPH BRANT HOSPITAL	13	\$10,400	10	\$20,500	6	\$18,900	\$49,800
JOSEPH BRANT HOSPITAL	13	\$10,400	10	\$20,500	6	\$18,900	\$49,800
KINGSTON HEALTH SCIENCES CENTRE	50	\$40,000	31	\$63,550	15	\$47,250	\$150,800
KINGSTON HEALTH SCIENCES CENTRE - KINGSTON GENERAL HOSPITAL	50	\$40,000	31	\$63,550	15	\$47,250	\$150,800
LAKERIDGE HEALTH	29	\$23,200	18	\$36,900	8	\$25,200	\$85,300
LAKERIDGE HEALTH OSHAWA	20	\$16,000	14	\$28,700	6	\$18,900	\$63,600
LAKERIDGE HEALTH AJAX PICKERING	9	\$7,200	4	\$8,200	2	\$6,300	\$21,700
LONDON HEALTH SCIENCES CENTRE	98	\$78,400	54	\$110,700	36	\$113,400	\$302,500
LONDON - UNIVERSITY HOSPITAL	45	\$36,000	23	\$47,150	17	\$53,550	\$136,700
LONDON - VICTORIA HOSPITAL	45	\$36,000	27	\$55,350	17	\$53,550	\$144,900
LONDON - CHILDREN'S HOSPITAL	8	\$6,400	4	\$8,200	2	\$6,300	\$20,900
MACKENZIE HEALTH	16	\$12,800	10	\$20,500	5	\$15,750	\$49,050
MACKENZIE HEALTH - RICHMOND HILL HOSPITAL	16	\$12,800	10	\$20,500	5	\$15,750	\$49,050
MARKHAM STOUFFVILLE HOSPITAL	9	\$7,200	5	\$10,250	5	\$15,750	\$33,200
MARKHAM STOUFFVILLE HOSPITAL	9	\$7,200	5	\$10,250	5	\$15,750	\$33,200
MICHAEL GARRON HOSPITAL	20	\$16,000	9	\$18,450	4	\$12,600	\$47,050

MICHAEL GARRON HOSPITAL	20	\$16,000	9	\$18,450	4	\$12,600	\$47,050
MUSKOKA ALGONQUIN HEALTHCARE	5	\$4,000	4	\$8,200	0	\$0	\$12,200
HUNTSVILLE DISTRICT MEMORIAL HOSPITAL	2	\$1,600	2	\$4,100	0	\$0	\$5,700
SOUTH MUSKOKA MEMORIAL HOSPITAL	3	\$2,400	2	\$4,100	0	\$0	\$6,500
NIAGARA HEALTH SYSTEM	40	\$32,000	23	\$47,150	13	\$40,950	\$120,100
GREATER NIAGARA GENERAL	17	\$13,600	9	\$18,450	4	\$12,600	\$44,650
ST. CATHARINES GENERAL	19	\$15,200	12	\$24,600	7	\$22,050	\$61,850
WELLAND COUNTY GENERAL	4	\$3,200	2	\$4,100	2	\$6,300	\$13,600
NORTH BAY REGIONAL HEALTH CENTRE	11	\$8,800	8	\$16,400	3	\$9,450	\$34,650
NORTH BAY REGIONAL HEALTH CENTRE	11	\$8,800	8	\$16,400	3	\$9,450	\$34,650
NORTH YORK GENERAL HOSPITAL	9	\$7,200	9	\$18,450	4	\$12,600	\$38,250
NORTH YORK GENERAL HOSPITAL	9	\$7,200	9	\$18,450	4	\$12,600	\$38,250
NORTHUMBERLAND HILLS HOSPITAL	5	\$4,000	3	\$6,150	2	\$6,300	\$16,450
NORTHUMBERLAND HILLS HOSPITAL	5	\$4,000	3	\$6,150	2	\$6,300	\$16,450
ORILLIA SOLDIERS' MEMORIAL HOSPITAL	8	\$6,400	7	\$14,350	7	\$22,050	\$42,800
ORILLIA SOLDIERS' MEMORIAL HOSPITAL	8	\$6,400	7	\$14,350	7	\$22,050	\$42,800
PEMBROKE REGIONAL HOSPITAL	2	\$1,600	0	\$0	0	\$0	\$1,600
PEMBROKE REGIONAL HOSPITAL	2	\$1,600	0	\$0	0	\$0	\$1,600
PETERBOROUGH REGIONAL HEALTH CENTRE	21	\$16,800	13	\$26,650	7	\$22,050	\$65,500
PETERBOROUGH REGIONAL HEALTH CENTRE	21	\$16,800	13	\$26,650	7	\$22,050	\$65,500
QUEENSWAY CARLETON HOSPITAL	12	\$9,600	9	\$18,450	5	\$15,750	\$43,800
QUEENSWAY CARLETON HOSPITAL	12	\$9,600	9	\$18,450	5	\$15,750	\$43,800
QUINTE HEALTH CARE	9	\$7,200	6	\$12,300	3	\$9,450	\$28,950
QUINTE HEALTH CARE - BELLEVILLE GENERAL HOSPITAL	7	\$5,600	6	\$12,300	3	\$9,450	\$27,350
QUINTE HEALTH CARE- PRINCE EDWARD COUNTY MEMORIAL	1	\$800	0	\$0	0	\$0	\$800
QUINTE HEALTH CARE - TRENTON MEMORIAL HOSPITAL	1	\$800	0	\$0	0	\$0	\$800
ROSS MEMORIAL HOSPITAL	4	\$3,200	1	\$2,050	0	\$0	\$5,250
ROSS MEMORIAL HOSPITAL	4	\$3,200	1	\$2,050	0	\$0	\$5,250
ROYAL VICTORIA REGIONAL HEALTH CENTRE	24	\$19,200	14	\$28,700	9	\$28,350	\$76,250
ROYAL VICTORIA HOSPITAL - BARRIE	24	\$19,200	14	\$28,700	9	\$28,350	\$76,250
SAULT AREA HOSPITAL	7	\$5,600	2	\$4,100	1	\$3,150	\$12,850
SAULT AREA HOSPITAL	7	\$5,600	2	\$4,100	1	\$3,150	\$12,850
SCARBOROUGH HEALTH NETWORK	56	\$44,800	36	\$73,800	21	\$66,150	\$184,750
SCARBOROUGH HEALTH NETWORK – GENERAL	21	\$16,800	16	\$32,800	9	\$28,350	\$77,950
SCARBOROUGH HEALTH NETWORK - CENTENARY	23	\$18,400	12	\$24,600	7	\$22,050	\$65,050
SCARBOROUGH HEALTH NETWORK - BIRCHMOUNT	12	\$9,600	8	\$16,400	5	\$15,750	\$41,750

SINAI HEALTH SYSTEM	4	\$3,200	2	\$4,100	1	\$3,150	\$10,450
SINAI HEALTH SYSTEM - MOUNT SINAI HOSPITAL	4	\$3,200	2	\$4,100	1	\$3,150	\$10,450
SOUTHLAKE REGIONAL HEALTH CENTRE	22	\$17,600	14	\$28,700	7	\$22,050	\$68,350
SOUTHLAKE REGIONAL HEALTH CENTRE	22	\$17,600	14	\$28,700	7	\$22,050	\$68,350
ST. JOSEPH'S HEALTH CENTRE	11	\$8,800	9	\$18,450	6	\$18,900	\$46,150
ST. JOSEPH'S HEALTH CENTRE - TORONTO	11	\$8,800	9	\$18,450	6	\$18,900	\$46,150
ST. JOSEPH'S HEALTHCARE	5	\$4,000	2	\$4,100	0	\$0	\$8,100
ST. JOSEPH'S HEALTHCARE HAMILTON	5	\$4,000	2	\$4,100	0	\$0	\$8,100
ST. MARY'S GENERAL HOSPITAL	11	\$8,800	10	\$20,500	7	\$22,050	\$51,350
ST. MARY'S GENERAL - KITCHENER	11	\$8,800	10	\$20,500	7	\$22,050	\$51,350
ST. MICHAEL'S HOSPITAL	76	\$60,800	50	\$102,500	27	\$85,050	\$248,350
ST. MICHAEL'S HOSPITAL	76	\$60,800	50	\$102,500	27	\$85,050	\$248,350
ST. THOMAS-ELGIN GENERAL HOSPITAL	3	\$2,400	1	\$2,050	1	\$3,150	\$7,600
ST. THOMAS-ELGIN GENERAL HOSPITAL	3	\$2,400	1	\$2,050	1	\$3,150	\$7,600
SUNNYBROOK HEALTH SCIENCES CENTRE	53	\$42,400	37	\$75,850	26	\$81,900	\$200,150
SUNNYBROOK HEALTH SCIENCES	53	\$42,400	37	\$75,850	26	\$81,900	\$200,150
THE HOSPITAL FOR SICK CHILDREN	15	\$12,000	8	\$16,400	5	\$15,750	\$44,150
HOSPITAL FOR SICK KIDS	15	\$12,000	8	\$16,400	5	\$15,750	\$44,150
THE OTTAWA HOSPITAL	77	\$61,600	41	\$84,050	28	\$88,200	\$233,850
OTTAWA HOSPITAL - CIVIC	62	\$49,600	33	\$67,650	23	\$72,450	\$189,700
OTTAWA HOSPITAL - GENERAL	15	\$12,000	8	\$16,400	5	\$15,750	\$44,150
THUNDER BAY REGIONAL HEALTH SCIENCES CENTRE	32	\$25,600	11	\$22,550	6	\$18,900	\$67,050
THUNDER BAY REGIONAL	32	\$25,600	11	\$22,550	6	\$18,900	\$67,050
TILLSONBURG DISTRICT MEMORIAL HOSPITAL	1	\$800	0	\$0	0	\$0	\$800
TILLSONBURG DISTRICT MEMORIAL	1	\$800	0	\$0	0	\$0	\$800
TIMMINS & DISTRICT HOSPITAL	2	\$1,600	1	\$2,050	0	\$0	\$3,650
TIMMINS & DISTRICT HOSPITAL	2	\$1,600	1	\$2,050	0	\$0	\$3,650
TRILLIUM HEALTH PARTNERS	59	\$47,200	29	\$59,450	16	\$50,400	\$157,050
TRILLIUM HEALTH PARTNERS - CREDIT VALLEY HOSPITAL	18	\$14,400	10	\$20,500	7	\$22,050	\$56,950
TRILLIUM HEALTH PARTNERS - MISSISSAUGA HOSPITAL	41	\$32,800	18	\$36,900	9	\$28,350	\$98,050
TRILLIUM HEALTH PARTNERS - QUEENSWAY HEALTH	0	\$0	1	\$2,050	0	\$0	\$2,050
UNIVERSITY HEALTH NETWORK	54	\$43,200	34	\$69,700	20	\$63,000	\$175,900
TORONTO GENERAL HOSPITAL	25	\$20,000	14	\$28,700	5	\$15,750	\$64,450
TORONTO WESTERN HOSPITAL	29	\$23,200	20	\$41,000	15	\$47,250	\$111,450
UNIVERSITY OF OTTAWA HEART INSTITUTE	16	\$12,800	10	\$20,500	6	\$18,900	\$52,200
OTTAWA HEART INSTITUTE	16	\$12,800	10	\$20,500	6	\$18,900	\$52,200
WILLIAM OSLER HEALTH SYSTEM	76	\$60,800	42	\$86,100	28	\$88,200	\$235,100

WILLIAM OSLER - BRAMPTON	64	\$51,200	36	\$73,800	23	\$72,450	\$197,450
WILLIAM OSLER - ETOBICOKE	12	\$9,600	6	\$12,300	5	\$15,750	\$37,650
WINDSOR REGIONAL HOSPITAL	51	\$40,800	29	\$59,450	16	\$50,400	\$150,650
WINDSOR REGIONAL HOSPITAL - METROPOLITAN CAMPUS	14	\$11,200	7	\$14,350	4	\$12,600	\$38,150
WINDSOR REGIONAL HOSPITAL- OUELLETTE CAMPUS	37	\$29,600	22	\$45,100	12	\$37,800	\$112,500
WOODSTOCK GENERAL HOSPITAL	3	\$2,400	1	\$2,050	1	\$3,150	\$7,600
WOODSTOCK GENERAL HOSPITAL	3	\$2,400	1	\$2,050	1	\$3,150	\$7,600
GRAND TOTAL	1345	\$1,076,000	775	\$1,588,750	450	\$1,417,500	\$4,082,250

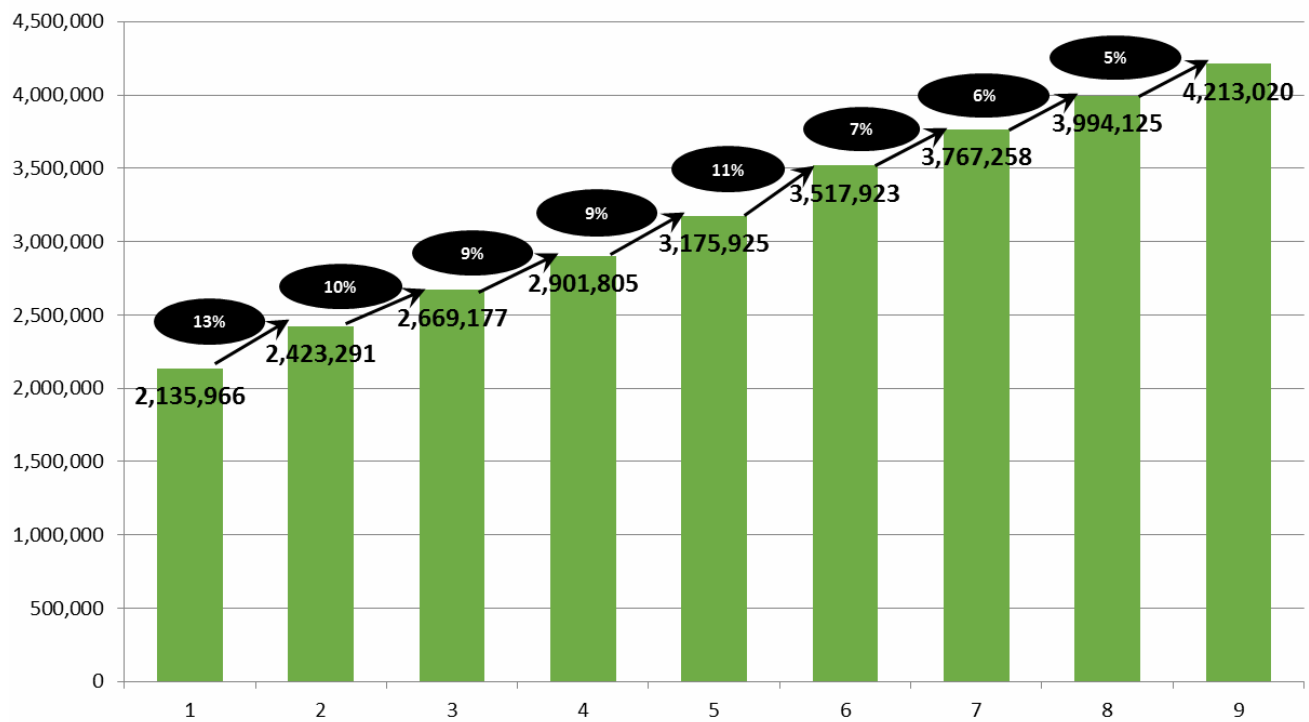
Figure 1: Percent of Registered Donors (Among 16+ Health Card Holders)



	<i>Mar 31, 2016</i>	<i>Mar 31, 2017</i>	<i>Mar 31, 2018</i>	<i>Mar 31, 2019</i>
Registered Donors	3,517,923	3,767,258	3,994,125	4,213,020
Total Health Card Holders	11,944,458	12,091,298	12,299,360	12,511,713

	<i>Mar 31, 2016</i>	<i>Mar 31, 2017</i>	<i>Mar 31, 2018</i>	<i>Mar 31, 2019</i>
Registration Rate	29%	31%	32%	34%

Figure 2: Growth in Registered Donors



	<i>Mar 2011</i>	<i>Mar 2012</i>	<i>Mar 2013</i>	<i>Mar 2014</i>	<i>Mar 2015</i>	<i>Mar 2016</i>	<i>Mar 2017</i>	<i>Mar 2018</i>	<i>Mar 2019</i>
Registered Donors	2,135,966	2,423,291	2,669,177	2,901,805	3,175,925	3,517,923	3,767,258	3,994,125	4,213,020
Growth in Registered Donors (#)		287,325	245,886	232,628	274,120	341,998	249,335	226,867	218,895
Growth in Registered Donors (%)		13%	10%	9%	9%	11%	7%	6%	5%

APPENDIX II – BOARD OF DIRECTORS

Board of Directors (to March 8, 2019)

Appointee	Date First Appointed	Term Expired
Rabbi Dr. Reuven P. Bulka (Chair)	December 1, 2004	March 8, 2019
Karen Belaire (Vice-Chair)	January 4, 2011	March 8, 2019
Anne Atkinson	November 28, 2016	March 8, 2019
Douglas Ferguson	September 14, 2016	March 8, 2019
Michael Galego	October 21, 2015	March 8, 2019
Christine Clark Lafleur	September 3, 2008	September 3, 2018
Samuel S. Marr	March 1, 2017	March 8, 2019
Paulina Mirsky	September 8, 2014	March 8, 2019
Dr. Kenneth Pritzker	March 3, 2010	March 8, 2019
Dr. Vivek Rao	November 14, 2012	March 8, 2019
James Martin Ritchie	January 9, 2013	March 8, 2019
Jessica Smith	October 28, 2015	October 28, 2018
Dr. Ronald Zuker	March 21, 2018	March 8, 2019

Board of Directors (as of March 8, 2019)

Appointee	Date First Appointed
Bill Hatanaka (Chair)	March 8, 2019
Elyse Allan (Vice-Chair)	March 8, 2019
Jay Aspin	March 8, 2019
Andrea Barrack	March 8, 2019
Dr. Alexander Barron	March 8, 2019
Dr. Adalsteinn Brown	March 8, 2019
Rob Devitt	March 8, 2019
Garry Foster	March 8, 2019
Shelly Jamieson	March 8, 2019
Jackie Moss	March 8, 2019
Paul Tsaparis	March 8, 2019
Anju Virmani	March 8, 2019

APPENDIX III – MANAGEMENT GROUP

Name	Title
Teresa Almeida	Director, TOTAL Replacement
Margaret Barng	Manager, Communications
Courtney Barton	Manager, Human Resources
Janice Beitel	Director, Hospital Programs, Education & Professional Practice
Anjeet Bhogal	Manager, Operations & Privacy
Vanessa Blount	Director, Transplant Policy and Programs
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
Anne Howarth	Manager, Hospital Programs
Karyn Hyjek	Director, Communications
Karen Johnson	Director, Hospital Programs
Sylvia Johnson-Lay	Manager, Education & Professional Practice
Janet MacLean	Vice President, Clinical Donation Services
Tony Nacev	Director, Finance & Administration
Clare Payne	Vice President, Clinical Transplant Systems
Versha Prakash	Chief Operating Officer
Amin Remtulla	Chief Information Officer
Jenna Resendes	Manager, Application Development
Sasha Rice	Manager, Recovery - Tissue
Larissa Ruderman	Legal Counsel & Director, Human Resources
Rob Sanderson	Manager, Hospital Programs
Vijay Seecharan	Manager, IT Project Office
Shilpa Sharma	Manager, Communications
Natalie Smigielski	Manager, Provincial Resource Centre - Tissue
Dr. Darin Treleaven	Chief Medical Officer, Transplant
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, 2019



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, 2019, 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, 2019, and its results of operations and its cash flows for the years 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 ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

Management is responsible for the other information. The other information comprises the information included in the Annual Report, but does not include the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

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

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

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 consolidated 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 14, 2019

Ernst & Young LLP

Chartered Professional Accountants
Licensed Public Accountants



Trillium Gift of Life Network

Statement of financial position

As at March 31

	2019	2018
	\$	\$
Assets		
Current		
Cash and cash equivalents	11,524,998	15,889,646
HST recoverable	880,744	1,275,663
Other receivables	569,168	282,271
Prepaid expenses	375,363	361,150
Total current assets	13,350,273	17,808,730
Capital assets, net <i>[note 3]</i>	5,585,944	6,005,916
	18,936,217	23,814,646
Liabilities and net assets		
Current		
Accounts payable and accrued liabilities	9,158,714	15,134,424
Due to the Ministry of Health and Long-Term Care <i>[note 4]</i>	2,737,489	760,069
Current portion of tenant inducement <i>[note 6]</i>	102,065	102,065
Total current liabilities	11,998,268	15,996,558
Deferred funding for capital assets <i>[note 5]</i>	4,720,720	5,578,233
Tenant inducement <i>[note 6]</i>	722,961	825,026
Total liabilities	17,441,949	22,399,817
Commitments <i>[note 11]</i>		
Subsequent event <i>[note 1]</i>		
Net assets		
Unrestricted	918,999	711,707
Board restricted <i>[note 7]</i>	575,269	703,122
Total net assets	1,494,268	1,414,829
	18,936,217	23,814,646

See accompanying notes

Approved by the Board of Directors:



William Hatanaka, Board Chair



Garry Foster, Director

Trillium Gift of Life Network

Statement of operations

Year ended March 31

	2019	2018
	\$	\$
Revenue		
Ontario Ministry of Health and Long-Term Care <i>[note 4]</i>		
Operations	39,655,534	37,906,074
Transfer payments		
Transportation Services to Support Organ Donation	4,555,243	4,120,000
Deceased Organ Donation Funding to Hospitals	3,868,100	3,453,200
Eye Bank of Canada – Ontario Division	2,425,807	2,185,814
The Lake Superior Center for Regenerative Medicine	680,000	680,000
Transplant Patient Expenditure Reimbursement	445,000	409,178
Standard Acquisition Fees	537,500	262,500
Program for Reimbursing Expenses for Living Organ Donors	206,427	166,066
Amortization of deferred funding for capital assets <i>[note 5]</i>	857,513	884,303
Charitable donations <i>[note 7]</i>	116,622	108,613
Interest income	207,293	75,709
	53,555,039	50,251,457
Expenses		
Salaries and employee benefits <i>[note 8]</i>	27,137,923	24,915,338
Transportation Services to Support Organ Donation	4,555,243	4,860,892
Deceased Organ Donation Funding to Hospitals	4,138,944	3,829,375
Medical supplies	3,126,804	3,498,453
Clinical operations and general <i>[note 9]</i>	3,161,190	2,936,239
Public education and marketing	2,226,480	2,298,977
Eye Bank of Canada – Ontario Division	2,425,807	2,185,814
Information systems	1,440,783	1,354,596
Office rent and maintenance <i>[note 6]</i>	1,471,111	1,624,590
Amortization of capital assets	1,161,395	1,045,116
The Lake Superior Center for Regenerative Medicine	680,000	680,000
Transplant Patient Expenditure Reimbursement	537,007	409,178
Standard Acquisition Fees	962,010	262,500
Program for Reimbursing Expenses for Living Organ Donors	206,427	166,066
Research	219,476	111,398
Partnership initiatives	25,000	—
	53,475,600	50,178,532
Excess of revenue over expenses for the year	79,439	72,925

See accompanying notes

Trillium Gift of Life Network

Statement of changes in net assets

Year ended March 31

	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

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

See accompanying notes

Trillium Gift of Life Network

Statement of cash flows

Year ended March 31

	2019	2018
	\$	\$
Operating activities		
Excess of revenue over expenses for the year	79,439	72,925
Add (deduct) items not involving cash		
Amortization of capital assets	1,161,395	1,045,116
Amortization of deferred funding for capital assets	(857,513)	(884,303)
	<u>383,321</u>	233,738
Changes in non-cash working capital balances related to operations		
HST recoverable	394,919	(575,695)
Other receivables	(286,897)	(274,618)
Prepaid expenses	(14,213)	(134,498)
Accounts payable and accrued liabilities	(5,975,710)	4,844,224
Tenant inducement	(102,065)	927,091
Due to the Ministry of Health and Long-Term Care	1,977,420	(40,641)
Cash provided by (used in) operating activities	<u>(3,623,225)</u>	4,979,601
Investing activities		
Acquisition of capital assets	(741,423)	(2,811,522)
Cash used in investing activities	<u>(741,423)</u>	(2,811,522)
Financing activities		
Funding for capital asset purchases	—	2,239,900
Contributions for tenant inducement	—	254,319
Cash provided by financing activities	<u>—</u>	2,494,219
Net increase in cash and cash equivalents during the year	(4,364,648)	4,662,298
Cash and cash equivalents, beginning of year	<u>15,889,646</u>	11,227,348
Cash and cash equivalents, end of year	<u>11,524,998</u>	15,889,646

See accompanying notes

Trillium Gift of Life Network

Notes to financial statements

March 31, 2019

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 waitlist 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 April 18, 2019, *The People’s Health Care Act* [“the “Act”] received Royal Assent. This legislation is a key component of the government’s plan to build a modern, sustainable and integrated health care system. The Act grants the Minister of Health and Long-Term Care [the “Minister”] the power to transfer assets, liabilities, rights, obligations and employees of certain government organizations, including the Network, into Ontario Health [a new Crown Agency created by the Act], a health service provider, or an integrated care delivery system. The Act also grants the Minister the power to dissolve these organizations.

On March 8, 2019, the members of the board of directors of Ontario Health were appointed to also constitute the board of the Network. The board of directors of Ontario Health is tasked with overseeing the transition process of transferring multiple provincial agencies into Ontario Health. Following the transfer, the Network would be dissolved.

The transition process is expected to occur over a number of years. A potential 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 with the Minister.

2. Summary of significant accounting policies

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

Trillium Gift of Life Network

Notes to financial statements

March 31, 2019

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 inducements

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

Employee benefit plan

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

Contributed materials and services

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

Trillium Gift of Life Network

Notes to financial statements

March 31, 2019

Allocation of expenses

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

3. Capital assets

Capital assets consist of the following:

	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

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

During the year, the Network wrote off \$75,968 [2018 – \$1,989,118] of fully amortized capital assets.

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

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

	2019 \$	2018 \$
Balance, beginning of year	760,069	800,710
Contributions received	67,911,100	52,182,801
Amount recognized as revenue	(52,373,611)	(49,182,832)
Amount transferred to deferred capital contributions [note 5]	—	(2,239,900)
Amount repaid related to prior year funding	(760,069)	(800,710)
Amount repaid related to current year funding	(12,800,000)	—
Balance, end of year	2,737,489	760,069

Trillium Gift of Life Network

Notes to financial statements

March 31, 2019

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:

	2019	2018
	\$	\$
Balance, beginning of year	5,578,233	3,968,317
Contributions transferred from deferred contributions <i>[note 4]</i>	—	2,239,900
Contributions from tenant inducements <i>[note 6]</i>	—	254,319
Amortization of deferred funding for capital assets	(857,513)	(884,303)
Balance, end of year	4,720,720	5,578,233

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:

	2019	2018
	\$	\$
Balance, beginning of year	927,091	—
Tenant inducement received	—	1,274,970
Amount transferred to deferred funding for capital assets <i>[note 6]</i>	—	(254,319)
	927,091	1,020,651
Amortization of tenant inducement	(102,065)	(93,560)
Balance, end of year	825,026	927,091
Less current portion	(102,065)	(102,065)
	722,961	825,026

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 \$127,853 from Board restricted net assets to unrestricted net assets [2018 – \$2,784 from Board restricted net assets to unrestricted net assets].

Trillium Gift of Life Network

Notes to financial statements

March 31, 2019

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 \$1,687,352 [2018 – \$1,504,270] and are included in the statement of operations. The most recent valuation for financial reporting purposes completed by HOOPP as at December 31, 2018, disclosed net assets available for benefits of \$79.0 billion with pension obligations of \$65.1 billion, resulting in a surplus of \$13.9 billion.

9. Clinical operations and general expenses

Clinical operations and general expenses include the following:

	2019 \$	2018 \$
Clinical operations	1,499,571	1,211,135
Provincial recovery system	500,000	500,000
Professional fees	435,337	500,548
Other	726,282	724,556
	3,161,190	2,936,239

10. Related party transactions

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

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

- [a] During the year, the Network made payments to related party hospitals of \$6,122,514 [2018 – \$5,118,647] related to deceased organ donation funding, standard acquisition fees and related supplies reimbursements.
- [b] The Network has a transfer payment agreement with Ornge to provide transportation services to support organ donation and incurred expenses of \$4,555,243 [2018 – \$4,860,892] 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 \$2,425,807 [2018 – \$2,185,814].

Trillium Gift of Life Network

Notes to financial statements

March 31, 2019

11. Commitments

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

	\$
2020	677,609
2021	601,631
2022	590,069
2023	638,875
2024	643,986
Thereafter	<u>1,985,624</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 mature within six months.