



Canadian Blood Services

it's in you to give

Organ and Tissue Donation and Transplantation

Listing of Key Government Reports

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The following is a listing of key public recommendation reports from the last ten years regarding organ and tissue donation and transplantation activities in Canada.

Reports	Highlights and Recommendations
<p>1. Organ and Tissue Donation and Transplantation: A Canadian Approach (Joseph Volpe) April 1999 http://www2.parl.gc.ca/HousePublications/Publication.aspx?DocId=1031593&Language=E&Mode=1&Parl=36&Ses=1</p>	<p>Standing Committee on Health report on the state of organ and tissue donation and transplantation in Canada.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • The federal/provincial/territorial ministers of health establish the Canadian Transplant Network to oversee organ and tissue donation and transplantation; • The federal Minister of Health ensure that the establishment of such an organization and accompanying strategy be discussed formally with provincial and territorial counterparts within the next six months; • This organization have a permanent secretariat and an appropriate budget; • This organization provide annual public reports through the F/P/T Conference of Ministers of Health; and, • This organization provide annual reports through the federal Minister of Health to Parliament on results accrued from federal contributions and such reports be considered in connection with National Organ Donor Week. • The Canadian Transplant Network be composed of four permanent program areas using expert advisory groups to address respective areas: individual donor intent; potential and actual donor identification and management; sharing, matching and allocation of donated organs and tissues; and transplantation outcomes; • The expert advisory groups be composed of members drawn from existing organizations involved in organ and tissue activities and rotated on a regular basis; • The expert advisory groups be responsible for providing direction to the Canadian Transplant Network on the establishment of goals and the measuring of outcomes; and, • These goals and outcomes be included in the annual report produced by the Canadian Transplant Network on each specific program area.
<p>2. A Coordinated and Comprehensive Donation and Transplantation Strategy for Canada (A Report from the National Coordinating Committee for Organ Donation, Distribution</p>	<p>The Report from the National Coordinating Committee for Organ and Tissue Donation and Transplantation was submitted to the Federal / Provincial / Territorial Advisory Committee on Health Services. The report describes recommendations for a coordinated and comprehensive organ and tissue donation, distribution and transplant system for Canada.</p> <p>The coordinated and comprehensive donation and transplant strategy for Canada is built on six building blocks. These six building blocks are considered critical to the over-all strategy and all need to be addressed for the desired targets to be realized.</p>

and Transplantation)

November 1999

<http://www.hc-sc.gc.ca/dhp-mps/pubs/biolog/transplantation-eng.php>

They also define the three levels of accountability and give direction to the provinces / territories to proceed to implement the strategy at both the provincial / territorial and regional / hospital levels.

- **Strategic Direction:** To keep the strategy focused on the long term objectives, measurable goals, key success factors, performance measures and targets will be defined for the three levels of accountability: regional / hospital, provincial / territorial and nationally. A national target of 25 donors per million population (DPMP) by the year 2005 has been recommended - a target that also exists for the provinces / territories. Performance measures and targets will also be set by each province / territory to measure key outcomes related to donation, tissue banking and transplantation
- **Processes:** The core functions and support processes relate to the service delivery component and are a provincial / territorial responsibility. The core functions for organ donation, tissue banking and transplantation describe the critical steps where a direct service is provided. Policies, standards and guidelines must be developed to guide practitioners and provide practice and safety standards for each of these critical steps. This also ensures that performance can be measured, evaluated and reported. Seven support processes are also described. They provide the necessary support services and quality framework for each step in the donation, tissue banking and transplant process.
- **People and Organization:** Accountability relationships, communication flows and responsibilities for all levels of government, hospitals, service providers and the public are described. The Canadian Council for Donation and Transplantation, its Secretariat and the three Advisory Committees will serve as permanent structures to facilitate and support all levels of service delivery through the creation and maintenance of national practice and safety standards, standardizing data sets and facilitating reporting functions. The formal relationship of the Council, its Advisory Committees and Secretariat to Health Canada needs to be defined by ACHS.
- **Legislation and Policies:** Policies and guidelines of national concern will be drafted by the Council for approval by the Ministers of Health, based on the recommendations from the Advisory Committees and provinces / territories. Health Canada is in the process of developing safety standards for donation and transplantation. These will be referenced in the Food and Drugs Act.
- **Technology and Information Systems:** An information system built on existing technology will be designed by the Council to link service providers and support overall data needs of the strategy. The provinces / territories will be responsible for entering data to support timely matching of organs and tissues with potential transplant recipients, and to evaluate donation and transplant outcomes. The Council will assist the provinces and territories to undertake performance monitoring, evaluation surveillance and quality assurance functions.
- **Physical Infrastructure:** It is anticipated that Health Canada will support the operations of the Council, three Advisory Committees and Secretariat. The start up requirements for years one (\$17.33M) and two (\$16.03M) are slightly higher than the anticipated annual operating requirement of \$14.78M.

<p>3. A Framework for Action: A Coordinated and Integrated Organ and Tissue Donation and Transplant System for Alberta</p> <p>April 2000</p> <p>http://www.phen.ab.ca/pcons/docs/Organ_Transplantation.pdf</p>	<p>Final report of the Alberta Advisory Committee on Organ and Tissue Donation. It formulated ninety-nine recommendations designed to address and improve a provincial system for organ and tissue donation and transplantation, clarify important ethical issues, and offer a legislative framework to facilitate implementation of a coordinated and comprehensive system of service delivery.</p> <p>Key Recommendations:</p> <ul style="list-style-type: none"> • A governing committee, supported by three advisory committees, reporting to the Minister of Health and Wellness, will oversee the implementation and management of a provincial organ and tissue donation and transplant system. • New comprehensive legislation will be developed to serve as the legal foundation for donation and transplantation in Alberta and to replace the Human Tissue Gift Act. • Designated donation and transplant services will be expanded to five other centres outside of Edmonton and Calgary. • Provincial policies, standards and guidelines will be developed to provide a consistent approach to service delivery, recognizing efficiencies and principles of best practice. • The province will participate in the development, implementation, monitoring and enforcement of national safety standards for organ and tissue donation and transplantation. • A province-wide coordinated approach to public and professional education will be developed. • Critical care services in health regions throughout Alberta will be designated to provide support in the identification and care of organ donors. The coordination and management of an organ donor will rest with a critical care specialist. • Bereavement support services will be available in all facilities designated to manage and support organ donors because the active participation of the public is critical to donation outcomes. • Living organ and tissue donation will be enhanced to optimize transplant opportunities, while ensuring the donor is provided care independent from the proposed recipient's medical team. Policies will be developed to guard against coercion, to protect the health of the living donor and to ensure the potential donor is able to comprehend the risks and benefits necessary to make an informed decision. • The Comprehensive Tissue Centre will be renamed the Alberta Comprehensive Tissue Centre (ACTC) and will be reconstituted to support a province wide network of tissue donation, banking and transplantation within Edmonton, Calgary and designated centres. The ACTC will also collaborate with the Lion's Eye Bank in Southern Alberta. • Transplant centers will participate in the development of national standards for listing recipients for transplant and developing sharing algorithms, based on scientific principles of best clinical practice and ethical principles of fairness and equity. • The governing committee will develop a comprehensive accountability
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	<p>framework for monitoring, evaluating and reporting donation and transplant outcomes and compliance with the standards and guidelines.</p> <ul style="list-style-type: none"> • An information system will be implemented to facilitate national access to real time information for patients waiting transplantation and to facilitate the matching of organs with appropriate recipients, with the appropriate safeguards to protect the privacy of individually identifiable health information.
<p>4. Report to the Premier's Advisory Board on Organ & Tissue Donation (Ontario) May 2000 http://www.jppc.org/new/files/acrobat/L-53.pdf</p>	<p>The Premier's Advisory Board on Organ & Tissue Donation was created to advise the Premier on the development and implementation of a provincial strategy and an Organ and Tissue Donor Action Plan for Ontario that will double the organ donation rate by 2005 and improve access to high quality donor transplant services. This report estimated the costs associated with the increase in donor procurement and transplant associated with the hospital care of the donor and the recipient.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • That a detailed organ procurement costing be implemented. • That an activity-based, prospective analysis be performed to identify the activities that occur in the donor hospital. • That an analysis of the costs of living donor versus cadaveric donor occurs at transplant centres as well as other donor hospitals. • That an audit be completed on out of province organ quality and costs to determine the cost-effectiveness of out of province organ procurement. • That the Canadian Institute for Health Information do a review of the coding of live and cadaveric donors, and of transplants. • That a true assessment of transplantation costs must begin with pre-transplant ambulatory visits, and must end with post-transplant ambulatory and home care. For this reason, the ability to link multiple ambulatory encounters to a single patient is required. • That an audit of health care system utilization be done on an ongoing basis to understand the long term costs and effects of the growing immuno-suppressed population. • That a complete detailed costing of bone marrow transplant occur that reflects the Board's recommendations on bone marrow transplant.
<p>5. Feasibility of a Pre-hospital Tissue Procurement Program in British Columbia September 2006</p>	<p>The focus of this report was to determine the feasibility for the development of a provincial tissue procurement program model in British Columbia.</p> <p>Recommendation:</p> <ul style="list-style-type: none"> • That British Columbia Transplant Society move forward with the development of program models and a pilot study for pre-hospital tissue procurement in British Columbia.
<p>6. Strategic Plan to Improve Tissue Donation Activities in Ontario</p>	<p>Trillium Gift of Life Network was request by the Ministry of Health and Long Term Care to develop a tissue plan that consolidates and standardizes tissue activities in order to meet the province's need for safe and high quality tissue allografts. This strategic plan provides the results of exploring a variety of models</p>

<p>November 2006</p>	<p>for tissue donation.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • Routine Notification and Request (RNR) implementation be limited to Type A and B hospitals, consistent with the current legislation. • Telephone consent and donor screening be obtained by the clinical services team in the Provincial Resource Center (PRC). • Trillium Gift of Life Network develops and manages non-physician based regional recovery teams that are capable of recovering all tissue types. Locally-based enucleation programs should be established in designated hospitals. • Hospital recovery facilities should be identified and provided with funding reimbursement related to the recovery of tissues. • A comprehensive non-profit tissue facility that receives, processes and distributes all tissue types be established in Ontario. • A cost recovery system be established for all processing centres in Ontario. • A centralized distribution system be developed and managed by the comprehensive tissue centre, with direct links to Trillium Gife of Life Network through the TOTAL information system.
<p>7. Moving Forward to 2012</p> <p>March 2007</p>	<p>The Canadian Council for Donation and Transplantation (CCDT) five year strategic plan to meet new challenges and help bring twenty-first century knowledge about organ and tissue donation and transplantation (OTDT) to those who will benefit.</p> <p>Areas of Focus:</p> <ul style="list-style-type: none"> • Support leading practices through identification, development, knowledge transfer, and standardization • Support system performance improvement by promoting transparent communication, influencing public policy, and demonstrating the value of OTDT. • Facilitate public engagement by enhancing system tools to enable those involved in the OTDT system to engage with the public on key issues. • Improve the foundation for information by being a catalyst for integrating and enhancing the quality of information across the system. • Strengthen relationships with and among partners to leverage key priorities. • Continue to build internal capability and expertise to coordinate and enhance the development of Canada’s OTDT community and to ensure that the CCDT remains a productive member.
<p>8. The Citizens Panel on Increasing Organ Donations Report</p> <p>March 2007</p>	<p>Report from the Citizen’s Panel established by Honourable George Smitherman, to hear the views of Ontarians on organ donation.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> • The clause in Trillium Gift of Life Act which allows exemption to consent be

http://www.health.gov.on.ca/english/public/pub/ministry_reports/organ_donations_citizens_panel.pdf

amended to require tangible proof of withdrawal.

- Some government forms, such as the OHIP card renewal, require Ontarians to state their organ donation preferences.
- A central database to record these preferences.
- This information be sent regularly to the Trillium Gift of Life Network, which will make it available to families and appropriate health care providers at the appropriate time.
- A public education campaign be developed assuring the public their wishes will be respected and informing them how this will be done.
- The existing school education program, One Life...Many Gifts, be piloted in other Ontario school boards, including Francophone boards.
- Consideration be given to creating a youth-oriented website and other programs about organ donation.
- The Ontario government bring together a committee or conference of religious leaders to consider engaging religious schools in organ donation and implementing a program which sees religious communities throughout the country observe a National Donor Sabbath in the same week every year.
- Every hospital in Ontario that provides donors should institute DCD policies consistent with the National Recommendations. (Done for most Tier 1 hospitals)
- The Ontario Government enact legislation to ensure living donors are guaranteed job security.
- A fund be established to pay for reasonable pre-approved expenses and lost wages.
- The Northern Health Travel Grant be extended to living organ donors and potential donors.
- A province-wide database of living donors and unmatched recipients be housed at the Trillium Gift of Life Network.
- Hospitals consciously select the team which will support families of potential donors in the time of crisis. These teams should themselves be supported with continuing education and case review. Trillium should be engaged to provide consistency and excellence in training.
- A conference – or several regional conferences – of volunteer support groups should be held to enhance mutual learning and to examine duplicating models across the province.
- The Ministry of Health and Long-Term Care should provide Trillium with a fund to reimburse reasonable costs to American hospitals for the purchase of U.S. organs.
- Trillium should be allowed to collect reasonable costs from American hospitals for Canadian organs. These costs should mirror American costs.
- The Critical Care Strategy should include organ donation in the planning and consideration of resources needed for an increase of donors to more than 300

	<p>per year and widespread use of DCD.</p> <ul style="list-style-type: none"> • The Critical Care Strategy group should work with the Trillium Gift of Life Network to develop processes and protocols. • A special study of intensivists' compensation for donor management be commissioned and the results be used to advise the Ministry of Health and Long Term Care and the Ontario Medical Association, in future determination of fees. • The Ministry of Health and Long Term Care include organ donation in its accountability agreements with the Local Health Integration Networks (LHINs), beginning with the 2007-08 fiscal year. • Each LHIN should strike an accountability agreement with its hospitals which reflect the provincial priorities for organ donation. • LHINs cooperate with and use the Trillium Gift of Life Network for education and as their common source of knowledge and a common database on transplant matters. • Trillium be allowed to change its name to something less likely to lead to misunderstanding and in accord with its mandate. • Sufficient resources be allocated to Trillium to carry out its new mandate under the Panel's recommendations. • Whenever practical and beneficial, Ontario cooperate with other provinces to the fullest extent in developing approaches and systems to support organ donation.
<p>9. British Columbia Transplant Society & Research Institute Strategic Plan</p> <p>August 2007</p> <p>http://www.phsa.ca/NR/rdonlyres/3B51D4FB-5384-4F26-AA50-7B29443DB48B/27280/BCTS_Strategic_Plan_0708_Final.pdf</p>	<p>Strategic plan for expressing British Columbia Transplant Society's mission, role and strategy for meeting patient care needs for the future.</p> <p>Action items:</p> <ul style="list-style-type: none"> • Increase organ donor registrations and donor consent through development of strategic community/media marketing plans. • Improve evaluation of BC organ donation potential through data collection using standard "eligible deaths" criteria. • Evaluate potential for donation from the pre-hospital setting. • Implement the recommendations from the Living Donor Kidney Review. • Evaluate potential for expanded deceased organ donation. • Expand educational initiatives to allied health-care providers. • Develop a recruitment and retention plan for transplant professionals (medical and allied). • Promote use of new technologies, such as robotics (Da Vinci) and use of digital signature capability for the Organ Donor Registry. • Develop plan for research network and submit proposal to Michael Smith Foundation for Health Research peer review competition. • Catalyse peer-reviewed transplant research in partnership with Michael Smith

	<p>Foundation for Health Research, CF Foundation of Canada, Kidney Foundation of Canada, and Heart & Stroke Foundation.</p> <ul style="list-style-type: none"> • Develop Centre of Excellence for Living Donation in BC. • Complete SOPs from the Health Canada Guidance document and CSA standards to ensure compliance. Register with Health Canada. • Stabilize and improve, if not replace, TADIS information systems in order to comply with Health Canada requirements (CSA Standards) and user needs.
<p>10. Organ Donation and Transplantation in Canada (Sonya Norris, Library of Parliament)</p> <p>June 2009</p> <p>PRB 08-24E</p>	<p>An overview of the Canadian experience with respect to the federal role in organ donation and transplantation, particularly in the past 10 years, reveal some of the statistics involved and discuss the options for increasing donor rates.</p> <p>Recommendations to improve organ donation rates:</p> <ul style="list-style-type: none"> • Establish a central, national, information management system, so that cooperation from provincial and territorial jurisdictions could be sought to implement existing policies and legislation aimed at addressing donation rates. • Canadian Blood Services or another experienced body could study the information management system used in the United States at the United Network of Organ Sharing (UNOS) to determine whether a similar system would be appropriate for Canada. • A public awareness campaign to inform the general population of the importance of organ donation, dispel myths and emphasize the importance of family involvement in the consent process could also be pursued.