



From left to right: Shirley Covey - RN chest clinic, Lois Lewis - transplant recipient, Janet Evans, Ed MacDonal, Gerri Oakley - RN chest clinic, Barbara Gouthro - chest clinic staff, Pat Steele - RN chest clinic, Dave Brake - Respirologist chest clinic. See article on page 3.

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New Organ and Tissue Donation Act goes to public consultation

Beginning in mid April, the Department of Health will be consulting with health sector partners and the general public on a proposed new *Human Organ and Tissue Donation Act*. A draft new Act with policy commentary will be circulated to key stakeholders and will also be available

on the Department of Health website for review by any who are interested in commenting on the proposed new law. This consultation will help insure the new Act provides the appropriate legislative framework for organ and tissue donation in Nova Scotia in the years ahead. ■

GETTING TO KNOW YOU



District Resource Nurses

Danielle Byrne is a District Organ and Tissue Resource Nurse who works in South West Health. Her involvement with

organ and tissue donation in Nova Scotia began in 2002 as part of the provincial steering committee working towards

increasing professional awareness and education. From there the work has evolved into the provincial Legacy of Life program. Every District Resource Nurse brings a special skill to the group. Danielle's forte is statistics, sharing her computer skills and her uncanny ability to spin any lecture to include some aspect of organ and tissue donation. Throughout her 18 years of nursing she has been involved with many aspects of the donation process from public speaking and professional education sessions to being at the bedside while a family says their final goodbye. "Donation challenges the mind, body and soul of a nurse... Being part of the family's experience where they look beyond their grief and say 'Yes' to a stranger's future is truly amazing". ■

WORKING GROUP UPDATES

Strategic Directions - The Legacy of Life Program held its second strategic planning session in October 2009. The program reaffirmed the vision and mission, and identified key priority areas to focus on for the next two years. These are communicating to health care professionals and the public about the need, value and process of organ and tissue donation, supporting donors and families, and providing targeted education to health care professionals.

Awareness Events in April - The Communication Working Group and stakeholders are promoting April 18-25 as National Organ and Tissue Donation Awareness Week. During the week a number of activities are creating awareness about donation including mall displays, media interviews, family stories in the media, and an awareness campaign all focused on encouraging people to talk to their family about their wishes, and sign

their donor card. For more information contact the local district resource nurse. Information is included at the end of this Newsletter regarding contacts. To sign your donor card log onto www.legacyoflife.ns.ca, download the MSI donor consent form, complete, and return to MSI at the address noted on the website.

Meaningful Donation Experiences - Health care professionals are involved in end of life care in the hospital setting. The Legacy of Life Professional Education Working Group conducted a needs assessment and identified that many health professionals are uncomfortable speaking with families about organ and tissue donation at end of life. The Meaningful Donation Experiences Workshop is a 1-4 hour education session for health care providers that was developed to address this issue. The workshop provides participants with the opportunity to learn about organ and

tissue donation, and to practice having a meaningful conversation with the family about donation. During the workshop a dual advocacy approach is used. Dual advocacy is a philosophy that organ and tissue donation is a good thing to do, and can benefit many people. During the workshop the participants role play end of life discussion and teach about responding with caring and compassion. Providing appropriate information in a caring way, and respecting the wishes of the donor are paramount. The program is now being offered in all District Health Authorities. Contact your local district resource nurse for more information.

The Donor Family Working Group is leading the development and implementation of a survey of donor families to help identify their needs. The information will be used to improve the donation experience for donor families. ■

Olympic Torch Bearer Lung Transplant Recipient

Sydney resident Ed MacDonald, a retired reporter with CBC radio carried the Olympic torch in Sydney on his birthday November 17, 2009. Carrying the torch celebrated his single lung transplant two years ago in December. In 2002, Mr. MacDonald was diagnosed with pulmonary fibrosis. Eventually, he had to use oxygen and his activities were

limited. After undergoing an assessment in Toronto it was determined that he was a good candidate for a lung transplant and he was added to the list. Ed received the ultimate gift on December 15, 2007. For Ed carrying the torch was a lifelong dream come true. This was something he never dreamed possible after struggling for years with lung disease. "I am hoping this will be

sort of encouragement for people fighting lung disease and who may be waiting for a transplant," he said. "To show there is life after a transplant." Besides his supportive wife, children and grandchildren, staff from the Chest Clinic at the Regional Hospital were there to celebrate this tremendous moment with Ed. ■

Cape Breton Organ and Tissue Donation referral policy accepted and being implemented



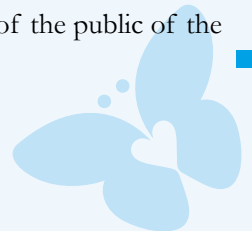
From left to right: Janet Evans, Debbie Conrad, Dr. Dave Brake, Deanna Steiger, Dr. Rick Bedard, Jeannie MacIsaac, Rev. Sandra Morrison, Cathy Schella

Over the next three months, Janet Evans and the collaborative Team Cape Breton will be very busy educating staff on the new required referral policy. CBDHA has recently approved the Referral of an Inpatient for Organ and/or Tissue Donation policy.

This policy states that physicians and nursing staff are required to refer all

deaths age 80 years and younger for tissue donation. Staff will also be responsible to screen those patients meeting the criteria for organ donation. This policy will ensure that potential organ and tissue donors are identified and families approached about donation. The team has been actively working on the implementation plan for the policy, which will begin in early April until late June.

The plan involves hospital presentations, poster displays and conference lectures. There will also be a media release to inform members of the public of the new practice. ■



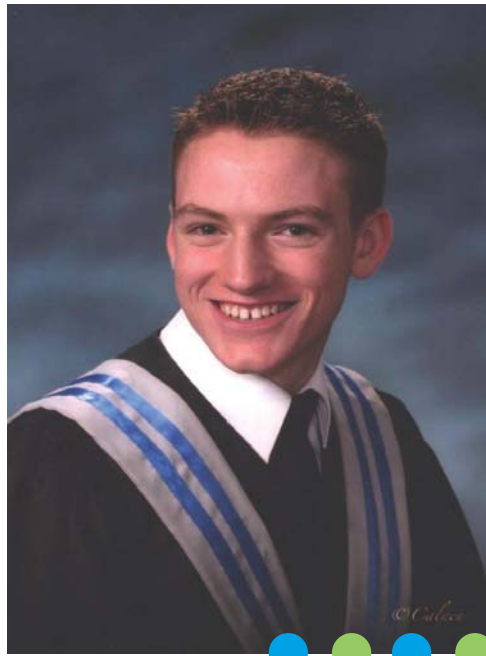
Organ and Tissue Consultation Visits Halifax

Geographic challenges, information-sharing within the tissue community, and the need for national policy leadership to increase cornea donations emerged as key issues when Canadian Blood Services hosted an expert engagement session on organ and tissue donation and transplantation (OTDT) in Halifax February 5.

Participants in the two-hour session discussed Legacy of Life’s professional awareness campaign, which seeks to increase referrals of suitable donors, as well as the broader logistics of meeting a steady rise in demand for corneal transplants — from staff recruitment, to client education, to the success of the Regional Tissue Bank as a model for customer service.

Canadian Blood Services, together with the donation and transplantation community, has been working on a new design for a national OTDT system since August, 2008, at the request of federal, provincial, and territorial governments. “Building a national strategy for organ and tissue donation and transplantation will ensure consistency and improve performance — and that will help to ensure more Canadians receive the organs and tissues they urgently need,” said Canadian Blood Services CEO Dr. Graham Sher.

So far, system design has focused primarily on the need for a consistent, Canada-wide approach to organ procurement and donation, and on safety, quality, traceability, and security of supply within the tissue system. ■



A Mother’s Story

Denice Klavano, Donor Mom

Do you have a son named Brad Howell? It was the Halifax Regional Police. The officer said there had been an accident and I should come immediately to the hospital. I did not yet know that my son, my precious child, was already dead. The police were waiting for me at the hospital and an officer took me inside. He started walking me to the “family room”. Oh NO,

my heart cried – not the family room – this can’t be happening. I tried to damp down the panic, the fear that tugged at my heart. A nurse came in and asked if I had been told what happened...I told her I only knew there had been an accident. She told me that Brad had been crushed between a forklift and a truck. She had no word on his condition but the doctor would be in to speak with me shortly. Crushed? Then I saw the priest. OH NO, I thought, please not the priest...Please God, Please...not my son...

Brad’s life could not be saved, but through the gift of donation maybe another life could be. I knew it was what he would have wanted. Brad and I had discussed donation when his MSI card had arrived, and I asked him if he wanted to be a donor. “Absolutely!” he had replied giving me that easy smile of his. “Mom” he said, gesturing to his body. “This is only a rental.” And by giving that gift of donation we discovered we also gave a gift to ourselves. The gift of a living legacy to Brad’s life. I believe that in the lives of those recipients, as they now live and love, that there is a legacy. And when they laugh, I believe there is an echo to Brad’s spirit, and he is smiling. ■

STATS

There is a well documented gap between the number of organ and tissue donors and the need for organs and tissues for transplantation. Nationally and provincially efforts have been underway to improve the identification and referral of organ and tissue donors. The following table provides stats for Nova Scotia for the past three years.

	2007	2008	2009
Number of organ donor referrals	40	44	57
Number of actual organ donors	15	16	15
Number of tissue donation referrals	158	189	198
Number of actual tissue donors	96	98	95

One tissue donor has the potential to help fifty people via allograft transplantation through the donation of bone, skin, tendons ligaments and heart valves.

To facilitate a cultural change for quality end-of-life care, a clinical trigger mnemonic was developed to assist frontline staff with the identification and referral of tissue donors. Chart audit results for 2008 identified that despite the potential for over 100 referrals for tissue donation, only eighteen referrals were made. A clinical trigger - C.A.L.L. was developed by the Cape Breton Organ and Tissue Donation Collaborative Team. Clinical triggers provide quick and convenient information to frontline professionals and assist in their skill development. The C.A.L.L. mnemonic stands for C - cardiac death, A - age \leq 80, L - length of time since death, L - Let the Tissue Bank screen. At the bottom of the C.A.L.L. mnemonic is the referral phone number. The tool was tested for two weeks in two small units for staff feedback. Feedback was gathered and the tool was slightly altered for clarity. C.A.L.L. posters were implemented in October

2009 in eight hospitals on the medical, surgical and critical care departments. Implementation involved inservices, staff emails, newsletter articles and huddle inservices. Tissue donation referral data pre C.A.L.L. was also documented prior to the implementation date. After one month, feedback from front line staff confirmed that the mnemonic was an easy, user-friendly tool for patient referrals. The mnemonic was used in two patient referrals and led to actual tissue donation. Each member of the multidisciplinary team is responsible to spread the triggers in their work area. The team is aiming for a 100% increase in the number of referrals (thirty- two) over one year. ■



DID You Know?

**Submitted by Kate Hackett,
Regional Tissue Bank Specialist**

Imagine a world where you are in constant pain and unable to see. What would life be like if you were unable to walk, garden, play with your kids or work. A critically burned patient desperately waits for life saving donated skin. Proud new parents are now grappling with a life threatening heart condition in their newborn baby. The lasting legacy of a single tissue donor can change this. Corneas can restore

sight to two patients suffering painful eye disease. Sclera is often used as a patch for glaucoma procedures and penetrating eye injuries. Donated skin may save the life of a burn patient, this life-saving skin acts as a temporary “bandage” controlling fluid loss, body temperature and minimizes infections. One burn patient may use up to 200 pieces of skin during recovery. Donated bone and tendons are used every day in operating rooms across Canada. Orthopedic surgeons use donated bone for structural support in traumatic injuries,

sometimes preventing amputations and tendons restore mobility to joints damaged by sports. Thousands of hips are reconstructed every year using donated bone. Cardiovascular surgeons prefer to use donated heart valves to repair congenital heart defects in babies and child bearing women as they do not need life-long anticoagulation.

Consider leaving a huge “footprint” when you die and become a tissue donor. Up to 50 people will thank you. ■

PARTNER UPDATES

The Critical Care Organ Donation (CCOD) Program goals are to ensure that eligible families are offered the option of donation, to provide safe organs and tissues for transplantation and to promote organ and tissue donation. The Organ Donation team is comprised of Medical Director, Dr. Stephen Beed, Health Services Manager, Dawnelda Murray, and three full time Organ Donation Coordinators, Mark Bonin, Jane Franklin and Tami Murphy. The CCOD team works with the Multi-Organ Transplant Program and The Regional Tissue Bank to provide organ donation services to patients and families in Nova Scotia and Prince Edward Island. The Donation Coordinators are also involved with organ sharing on a national level, as well as being involved with coordinating organ donation for all deceased organ donors in New Brunswick and Newfoundland. To achieve this, an Organ Donor Coordinator is available 24 hours a day, 7 days a week

to respond to organ donor referrals. The Donor Coordinator role at Capital Health also includes interdisciplinary health professional education, public education and awareness, the compilation of, monitoring and interpretation of organ donation statistics for DHA 9, and CCOD quality assurance.

The professional activities of the Donor Coordinators include working with Legacy of Life by participating in the Advisory Committee, Working Groups, and District Resource Nurse meetings. CCOD has had an active role in the National Donor Coordinator Committee, and participated in a national Organ Donation Collaborative in 2007. CCOD staff have presented on organ donation topics at several national conferences of several groups such as the Canadian Association of Critical Care Nurses, the Canadian Association of Transplantation and the Canadian Association of Neuroscience

Nurses. At the present time the CCOD Coordinators are participating in a regional Donation Collaborative to improve donation.

2010 CCOD highlights:

- Meaningful Donation Experiences Workshops have been presented for health professionals at Capital Health and throughout Nova Scotia
- In March, the Program had its first Health Canada inspection and was found to be in compliance with federal safety Regulations for Cells Tissues and Organs
- CCOD is planning the annual donor recognition ceremony to honour Nova Scotia organ and tissue donors from the previous year

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