Organ and Tissue Donation Process: What Health Professionals Need to Know

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Preface

Since 2002 a dedicated group has been working tirelessly to improve the organ and tissue donation process in Nova Scotia. Beginning with the Links to Success Forum, followed by the Clarica Project, and continuing with the Legacy of Life: Nova Scotia Organ and Tissue Donation Program, the goal has not wavered, and that is to encourage and promote organ and tissue donations, and to understand the barriers and challenges to donation. In two needs assessments conducted in 2003 and 2007, health care professionals have indicated that they are less than comfortable with this topic, despite the fact that donation and transplantation are a routine part of the health care system. Health care professionals consistently rated the importance of donation as being high yet their proficiency is low. A goal of Legacy of Life is to close the gap so that the proficiency of health care professionals is also high. With the implementation of the Legacy of Life Program in 2006, organ and tissue donation resource nurses have been available throughout Nova Scotia to assist health care providers to increase their knowledge and skills.

This resource provides health care professionals with information on organ and tissue donation in Nova Scotia, and connects providers with additional resources. Working together we can all support the process so that families are provided with the opportunity to donate, and recipients are provided with the opportunity to live or to have their lives enhanced.
1. Introduction

1.1 Introduction

Organ and tissue donations save the lives of many Nova Scotians every year and may also help families cope with the death of a loved one. At a time of shock and grief, some families draw comfort from knowing that their loss has helped to renew the lives of others.

Every person may be considered a potential donor. As well, many health care professionals can potentially facilitate the process of organ and tissue donation, by knowing the right questions to ask and how to ask them, and by making a phone call to the right person at the right time.

Health professionals throughout Nova Scotia are integral members of the organ and tissue donation team.

1.2 Objectives of the Resource

The objectives of this resource are:

- to provide information to health professionals about the process of organ and tissue donation in Nova Scotia; and
- to assist health professionals to understand their role in the process of organ and tissue donation.

1.3 Updates

This resource will be reviewed and updated every five years unless there is a major change in the process. This review will be completed by a panel of field experts organized by the Legacy of Life Program. This resource is no longer provided in print. It is the responsibility of the user to ensure they are using the most recent version from the website: [www.legacyoflife.ns.ca](http://www.legacyoflife.ns.ca).
1.4 Donation and its Benefits

Organ and tissue donation occurs when organs and tissues are recovered from a person who has recently died. These organs are then transplanted into the body of a living person. It is also possible for a living person to donate certain organs to another living person. Transplantation is a very successful way of saving and improving the lives of people who are experiencing serious health problems. In addition to saving lives, transplants can save health care costs. For example, the average cost of a kidney transplant is about $23,000 plus $6,000 annually for anti-rejection medication support. Maintaining a patient on kidney dialysis costs about $60,000 per year (CIHI, 2012).

Unfortunately, there are not enough donated organs and tissues to meet the need for transplants. In 2012, 4400 Canadians were waiting for organs, and 230 people died while on the waitlist (CIHI, 2012). Almost half of Nova Scotians have registered to become an organ or tissue donor, and the need for transplanted organs continues to grow.

Federal and provincial governments across Canada are working to raise awareness about the importance of organ and tissue donation. In Nova Scotia, the Legacy of Life Organ and Tissue Donation Program encourages Nova Scotians to become part of the MSI donor registry and to discuss organ and tissue donation with their families.
2. Roles & Functions in Organ and Tissue Donation in Nova Scotia

2.1 Organ and Tissue Donation and Transplantation System in Nova Scotia

The organ and tissue donation and transplantation system in Nova Scotia begins with the front line health professionals, who are in a unique position to identify potential donors. There are other organizations and individuals supporting health professionals in their role, and that are responsible for other aspects of the process.

As shown in Figure 1.1, Health authorities have a key responsibility in the organ and tissue donation and transplantation process. The Chief Executive Officers of the health authorities are accountable for ensuring compliance with the Human Organ and Tissue Donation Act. This law requires that all eligible donors are referred to the donation programs for assessment. Health authorities ensure health professionals, who provide end of life care, are educated about and skilled in discussing organ and tissue donation with potential donors and/or their families.

Figure 1.1: Overview of Organ and Tissue Donation and Transplantation System in Nova Scotia

The required referral provision of the Act mandates all persons who are on life support and imminently dying (in the case of organ donation), or have died (tissue donation) will be screened for their potential to donate. If basic criteria are met, and no absolute contraindications
identified, a referral is made to the donation programs in Halifax. The programs can access the MSI donor registry to identify donor wishes. This information is then shared with the family.

The Critical Care Organ Donation Program and the Regional Tissue Bank provide support to the front line health professionals. Donation Coordinators and Tissue Bank Specialists are on call 24 hours a day, 7 days a week.

Legacy of Life Nova Scotia Organ and Tissue Donation Program has a unique role to educate health care professionals, recommend service delivery models, and monitor outcomes.

The Multi-Organ Transplant Program, located at the QEII Health Sciences Centre, is responsible for the processes related to transplantation, including living donations of organs.

2.2 Legacy of Life: Nova Scotia Organ and Tissue Donation Program

In 2006, the Nova Scotia Department of Health and Wellness created the Legacy of Life: Nova Scotia Organ and Tissue Donation Program. The purpose of the program is to encourage the public and health care professionals to know about, and support, organ and tissue donation (see Figure 2.1).

Figure 2.1: Legacy of Life: Program Vision, Mission and Values

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The Legacy of Life Program strategic goals and priorities relate to public and professional education, donor family support, legislation, and monitoring data on donations and missed referrals. The program is administered by a Manager, with support from a Clinical Advisor, and advice from a provincial Advisory Council. The program manager collaborates with the Organ and Tissue Donation Resource Nurses assigned to facilities in the province. The resource nurses coordinate and support professional education, implementation of best practices, quality improvement, program monitoring, evaluation, and community education.

For more information about the Legacy of Life Program, visit Legacy of Life NS.
2.3 Critical Care Organ Donation Program

Critical Care Organ Donation (CCOD) Program is part of Critical Care Services in Halifax and provides support to all hospitals in Nova Scotia.

The goals of CCOD are: to ensure all families are offered the option of organ and tissue donation; to provide safe organs and tissues for transplantation; and to promote organ and tissue donation to healthcare professionals and to the public.

The CCOD works collaboratively with the following programs in Atlantic Canada:

- Legacy of Life: Nova Scotia Organ and Tissue Donation Program
- Multi-Organ Transplant Program, NS
- Regional Tissue Bank, NS
- Organ Procurement & Exchange of Newfoundland and Labrador
- New Brunswick Organ & Tissue Procurement Program.

The CCOD maintains a close working relationship with other donation programs in Canada to participate in organ sharing through the Canadian Transplant Registry, operated by Canadian Blood Services, and participates in professional and educational activities.

Organ Donation Coordinators are on call 24 hours a day, 7 days a week to answer staff or family questions and to respond to referrals of potential donors. They can be reached through QEII Locating at (902) 473-2220 and requesting to speak with the on-call Organ Donation Coordinator.

2.4 Regional Tissue Bank

The Regional Tissue Bank’s mandate is to provide safe and effective tissue for transplantation. The Regional Tissue Bank screens, recovers, processes, stores, and distributes donated tissue for use in life-saving and life-enhancing procedures.

Tissue Bank Specialists are on call 24 hours a day, 7 days a week to answer staff or family questions and to respond to referrals of potential donors. The on-call Specialist can be reached through QEII Locating at (902) 473-2220. For more information on the Regional Tissue Bank, visit CDHA - Regional Tissue Bank.
2.5 Multi-Organ Transplant Program

The Multi-Organ Transplant Program (MOTP) at the QEII Health Sciences Centre serves the Atlantic Provinces. The program provides kidney, liver, heart, and pancreas transplantation services. The goal of the MOTP is to create a multidisciplinary organization consisting of two pillars: clinical care and scientific research. The program is dedicated to serving patients, educating the next generation and developing, directing, and translating new therapeutic strategies for the future. The program ensures that Atlantic Canadians have equitable and appropriate access to transplantation services and continues to improve patient care and the success of transplantation.

The live kidney donation process is coordinated by MOTP for the Atlantic Provinces. Live donation of organs occurs when a person who is still living donates an organ, or part of an organ, to be transplanted into another person. Historically, the two people were usually family members or close friends. Today, altruistic donors, non-directed donors or paired exchange are also being accepted to donate a kidney to someone they do not know. All live kidney donations are managed through the MOTP.

In addition to providing patient services, the MOTP is involved in professional and community education, from educating community groups and nursing students to long-term strategic planning and program development.

For more information on the MOTP, visit [MOTP Halifax](#).

2.6 MSI Donor Registry

Nova Scotians are encouraged to register their organ and tissue donation wishes on their Nova Scotia health card at the time of health card registration or renewal. If a card is not due for renewal, a person can register as a donor by contacting the MSI program at (902) 496-7008 or 1(800) 563-8880.

Health cards of people who have registered as donors are stamped with the word DONOR and a number indicating their wishes:
- Donor 1 means consent to donate all organs and tissues
- Donor 2 means consent to donate specific organs and/or tissues

If there is no donor designation on the health card eligible patients are still referred. The option of donation would then be presented to the substitute decision maker. For more information on the MSI Donor Registry, visit [MSI Health Cards](#).

When a potential organ donor is identified, health professionals call the following number and ask to speak with an Organ Donation Coordinator: (902) 473-2220.
3. Identifying & Referring Potential Organ Donors

3.1 Organ Donation – The Health Professional’s Role

Health professionals play a vital role in the organ donation process by identifying and referring potential donors.

3.2 Identifying Organ Donors

Physicians and/or Nurses are responsible to identify and refer all potential organ donors. Organ donors may also be tissue donors. Initially assess the patient based on the GIVE clinical referral trigger. All potential organ donors must be further assessed for medical suitability by the Organ Donation Coordinator. The potential organ donor must meet all four criteria outlined below:
The Organ Donation Coordinator requires the health card number in order to check the donor status of the patient. Discussion with the substitute decision maker will occur before transfer to Halifax for organ donation assessment.
3.3 Donation after Cardiac Death (DCD)

Donation after cardiac death (DCD) may be a consideration in patients for whom a decision has been made to withdraw life sustaining therapy (WLST), even though they do not meet the criteria for neurological death. If consent has been given and the patient expires within two hours following WLST, they may be able to donate organs. DCD has been increasing within Canada in recent years.

3.4 The Organ Donation Process

Deceased organ donation is a process with many important components. Frontline health professionals at the QEII and IWK are supported on site by the Critical Care Organ Donation Coordinators.

Once the Organ Donation Coordinator has reviewed the potential organ donor for medical suitability, then the health care professional can approach the patient and/or family with the option of donation as part of end of life care. Training and information is available through the Organ and Tissue Donation Resource Nurses on how to approach a family. Section 6 in this document outlines the conversation and provides suggestions for opening this dialogue. Organ Donation Coordinators, as both a resource and a support, are available to answer questions from the health care team and the family as needed. The Organ Donation Coordinator documents consent and completes the medical/social history for donation in Halifax.

Contact between the family and the Organ Donation Coordinators is important before the person is transported to Halifax for organ donation assessment to ensure that they understand the transport is not for curative treatment. The transport is arranged by the transferring facility as for any critically ill patient transport. While waiting for transport, the health care team maintains hemodynamic stability of the patient to perfuse and oxygenate organs. Any specific organ donor medical management will be initiated in Halifax. Note: the process of medical management can last 24 hours or more. Neurological Determination of Death (NDD) is completed by two Physicians after the admission to ICU in Halifax.
4. Identifying & Referring Potential Tissue Donors

4.1 Tissue Donation – The Health Professional’s Role

Health professionals play a vital role in the tissue donation process by identifying and referring potential donors.

When a potential tissue donor is identified, health professionals call the following number and ask to speak with the Tissue Bank Specialist on call: (902) 473-2220

4.2 Identifying Tissue Donors

If a patient has died (or if palliative death is anticipated) they should be screened as a potential tissue donor using the Tissue Donation Screening Tool to identify any absolute contraindications, and document the process. If the patient is eligible, consult the on-call Tissue Bank Specialist at (902) 473-2220 for medical suitability screening before approaching the family and offering the option of tissue donation. The Tissue Specialist will conduct more in-depth screening and check the patient’s donor status at MSI.

- Absolute contraindications are:
- Age greater than 70 Years
- Weight less than 2.7 kilograms or greater than 136 kilograms
- Lab diagnosed infections (e.g. MRSA, VRE or C. difficile)
- Blood cancers (e.g. Lymphoma, Leukemia, Myeloma)
- Neurological diseases (e.g. ALS, MS, Alzheimer’s, Parkinson’s, Dementia)
- HIV, Hepatitis B, Hepatitis C, HTLV I/II, active TB
- Severe Sepsis (Findings must include all of the following: + blood cultures,
- WBC greater than 20,000 x 24 hours and T greater than 38.3o C x 24 hours)
Refer to facilities policies and procedures on organ and tissue donation.

4.3 The Tissue Donation Process

The Tissue Bank Specialist will review relevant medical information, determine if the potential tissue donor is eligible to donate, and request the health care professional to approach the family with the option of donation. The Tissue Bank Specialist is a resource and support for the front line health provider. Training and information are available through the Organ and Tissue Donation Resource Nurses on how to approach a family. Section 6 of this document outlines the conversation and provides suggestions for opening this dialogue. Tissue Bank Specialists are available to answer questions from both the health care team and the family. The Tissue Bank Specialist will obtain consent and complete the medical/social history.
5. Approaching Families about Donation

5.1 The Decision to Donate

The decision on whether or not to donate organs or tissues is often made in advance of death through registration on the MSI health card. It is very important to respect the wishes of the donor. Families often find it easier to support the decision when the wishes of the deceased are known. However, the discussion about organ and tissue donation will be incorporated into the end-of-life care process at the appropriate place and time.

5.2 Tips for Meaningful Donation Discussion with Families

The Legacy of Life Program supports an approach to requesting consent for organ and tissue donation that considers the interests of both donor families and persons in need of a transplant. The belief is that most people, when given the opportunity, will choose to help others.

The healthcare professional’s role:

- Express condolences to the family

- Create a meaningful conversation with the family by displaying empathy and interest in their loved one:

  “I would love to hear a little about Sam, Mrs. Jones, and the kind of person he was.”
  “Sam’s nurse told me he is the oldest of four children. From what I have heard, it sounds like he was a great role model for your other children.”

- Respect each family’s right to make their own fully informed decision

- Transition from the discussion about death to the discussion about donation:

  “Mr. and Mrs. Jones, because of the type of injury Sam had, and because he was an otherwise healthy young man, you have the opportunity to provide the gift of life to other families through organ donation. I’m going to tell you more about this process and what it could mean to the many people awaiting transplant, and to your family as well.”

- Help the family to understand the need for life-saving organs and tissues

- Help the family to understand the rare opportunity they have to save and touch the lives of potential recipients and families
Sample words to use

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<th>Legacy</th>
<th>Hope</th>
<th>Inspiration</th>
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<tr>
<td>Ability</td>
<td>Honor</td>
<td>Power</td>
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<tr>
<td>Celebrate</td>
<td>Courage</td>
<td>Opportunity</td>
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<tr>
<td>Selflessness</td>
<td>Act of Kindness and Compassion</td>
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- In requesting the consent for donation, the “ask” is stated in a positive way and is empowering to the family. Be affirmative and supportive toward donation.

  “Do you have any other questions before we move forward?”
  “We will work with you, to do everything possible to make donation a reality for your family.”

- Acknowledge the gift, express gratitude

  “Thank you Mr. and Mrs. Jones for having the strength to help others.”
  “On behalf of the recipients, I want to thank you for donating.”

### 5.3 Faith Perspectives on Organ and Tissue Donation

A literature review conducted by the Canadian Council on Donation and Transplantation found that most faith groups support organ and tissue donation and transplantation. The premise behind most faith groups is to do good. Some faith leaders emphasize that this can be accomplished, in part, by donating organs and tissues after death. Some groups express neutral views about donation, leaving the decision to the individual.

Adapted from *Faith Perspectives on Organ and Tissue Donation and Transplantation*. 2006. The Canadian Council on Donation and Transplantation. The full report is available online. Link: [Faith Perspectives](#)
6. Donor Family Support

6.1 Supporting Donor Families after Donation

The decision to donate organs and tissues comes at a difficult time for families and yet is an opportunity to leave a legacy. Many families receive comfort from knowing their loved one was able to help others. The Organ Donation Coordinators and Tissue Bank Specialists follow up with donor families after the donation has occurred and provide them with information about what organs and tissues were recovered and/or transplanted. All organ donor families are invited to participate in the CCOD Donor Family Support Program.

Annually, the Critical Care Organ Donation Program, the Regional Tissue Bank, Multi-Organ Transplant Program and the Legacy of Life Program host a Gift of Life recognition ceremony to honour the previous year’s organ and tissue donors and their families.

Donor Families can be directed to the Legacy of Life Website for information and links to grief libraries: Link: Grief Library

Bereavement Support Groups offer a friendly, informal environment to meet with a group of people who understand and offer an opportunity to listen, share and heal. Bereavement Support groups are groups of bereaved people coming together to support and care for each other. Facilitated by grief and loss experts and peers, these groups provide a safe and encouraging space to heal and help. For a listing on Bereavement Support Groups, visit the link: Bereavement Support Groups
7. Regulations & Standards

In Canada, organ and tissue donation is regulated at both the provincial and federal level. These regulations and standards contain requirements designed to ensure the donation process is effective, ethical, and safety-driven so that donors, their families, and recipients can all benefit from the gift.

7.1 Provincial Legislation

*Human Organ and Tissue Donation Act (PENDING)*

In 2015 the Human Organ and Tissue Donation Act was proclaimed, replacing the *Human Tissue Gift Act* that was legislated in 1991. The Act is the legal framework for organ and tissue donation in the province of Nova Scotia. A copy of the Act can be found online. Link: [Human Organ and Tissue Donation Act](#). A major change in the Act, as compared to the 1991 legislation, is required referral, in addition to required request. Anyone meeting the basic donation criteria, and with no absolute contraindications, must be referred to the organ and tissue donation programs based in Halifax for screening and follow up. This legislation will be monitored through auditing and reporting requirements.

7.2 Federal Regulations

*Safety of Human Cells, Tissues and Organs for Transplantation Regulations*

Health Canada regulations were implemented in December 2007 to protect organ and tissue transplant recipients by minimizing the potential health risks of transplanted organs and tissues. The regulations have a significant impact on the donation process, as they establish the required safety measures. Health Canada regulations are based on the *Guidance Document for Cell, Tissue and Organ Establishments: Safety of Human Cells, Tissues and Organs for Transplantation* developed in collaboration with the Canadian Standards Association. Link: [Health Canada](#).

7.3 Accreditation

In 2010, Accreditation Canada implemented standards for organ and tissue donation and transplantation. These standards are used by Nova Scotia hospitals to identify opportunities to improve the organ and tissue donation process. Accredited hospitals must demonstrate compliance with accreditation standards which are revised on a regular basis.
8. Canadian Blood Services Role

8.1 Canadian Blood Services

In 2008, Canada’s federal, provincial and territorial governments (except Quebec) recognized the need for improvements to the country’s organ and tissue donation and transplantation (OTDT) system. Together, they gave Canadian Blood Services a mandate to provide the support, coordination and delivery of national services in relation to organ and tissue donation in Canada and conduct activities related to:

- Developing a strategic plan, including mandate, roles and responsibilities in a nationally coordinated system.
- Leading practices; professional education and knowledge translation; and public education.
- System performance improvement, including system-wide reporting.
- Three interprovincial patient registries for organ transplantation: the Kidney Paired Donation (KPD), the National Organ Waitlist (NOW) and the Highly Sensitized Patient (HSP) programs.

Areas of Focus

Canadian Blood Services engages in work within the following four areas of focus:

1. Strategic Plan Development and Implementation

   As the national coordinating body, Canadian Blood Services has the responsibility to bring the Canadian organ donation and transplantation community together to develop and implement a national strategic plan. This plan serves to identify key priorities, targets and initiatives, and helps with alignment and coordination with provincial programs. It identifies programs and activities that are better carried out on an inter-provincial level in order to decrease duplication and improve efficiency and effectiveness.

2. Supporting Leading Practices, Professional Education and Knowledge Translation, Public Education

   Leading Practices

   One of the responsibilities of Canadian Blood Services is to develop leading practices. Canadian Blood Services facilitates the development of evidence-informed organ and tissue donation and transplantation clinical practice guidelines by providing a forum to explore, evaluate and achieve national consensus on diverse
issues and questions. These leading practice guidelines inform policy and, through knowledge translation activities, result in changes and improvements to practice.

Professional Education

Canadian Blood Services is leading the development of a national organ and tissue donation professional education strategy by working in collaboration with relevant partners (Organ Donation Organizations, Royal College, etc.) and focusing on those health care providers that have the most significant impact in identifying, referring, consenting and managing donors. Additionally, Canadian Blood Services coordinates and participates in international dialogue on emerging issues of great importance to donation and transplantation.

Public Education

Canadian Blood Services engages in public education activities to promote the message of donation through traditional media, digital media, and through a series of public webinars on leading practices and emerging developments in organ and tissue donation and transplantation.

3. System Performance Improvement

Timely and accurate data is critical for the planning of health services, measurement of outcomes, performance reporting, and research and development. National data reporting is fundamental to improving donation and transplantation in Canada. Canadian Blood Services facilitates activities around improving and evolving the system performance framework in Canada and continues to work in collaboration with its partners to develop and implement system guidelines and a future model for data collection, governance, and associated services.

Research and innovation is another essential system element in organ and tissue donation and transplantation that informs better service delivery through effective knowledge translation and exchange, and integrated health policy. Canadian Blood Services is committed to supporting innovation and research that is consistent with its mandate which includes leading practices, implementation of donation after cardio-circulatory death (DCD), system performance data and transplant outcomes. Furthermore, Canadian Blood Services has extensive experience in research, database development, and this expertise can be leveraged to support a research network.
4. **Canadian Transplant Registry and Interprovincial Programs**

The implementation of the Canadian Transplant Registry (CTR) was enabled by broad, cross-provincial stakeholder engagement. The Quebec government also participates through a separate agreement with Canadian Blood Services, making this a truly pan-Canadian endeavour. The CTR provides three interprovincial programs with real-time access to information, including significant transactional and point-of-service data to support listing, allocation and reporting.

The **Kidney Paired Donation** (KPD) program expands the transplant possibilities for prospective kidney recipients who have willing but incompatible donors. Since 2010, all provinces, including Quebec, have participated in the KPD (formerly the Living Donor Paired Exchange). The program enables matches among multiple donor–recipient pairs, as well as among anonymous non-paired donors, which enables the “domino” chains of kidney exchanges.

The **National Organ Waitlist** (NOW) program is a real-time online waiting list for patients in need of heart, lung, liver, pancreas or bowel transplants. Leaving behind an antiquated paper-based system, transplant programs and organ donation organizations can now search a web-based registry of nearly 1,000 potential recipients. The comprehensive listing of all transplant candidates makes it possible to obtain a true national picture of current wait times and access to organs for transplantation.

The national **Highly Sensitized Patient** (HSP) program, launched in 2013, tracks and facilitates matches for transplant candidates who are at high risk of rejecting kidneys because of increased antibodies from past exposures to foreign tissue, typically through pregnancy, transplants or blood transfusions. The larger the pool of participants, the greater the likelihood that a successful match will be found. As of June 2014, program members across the country are able to work together more effectively to find these challenging matches.

Through interprovincial programs for organ listing and sharing (KPD, HSP, NOW), point-of-service data from program activity is exchanged with the web-based CTR, which will ensure that system reporting is timelier and readily available going forward. These programs and the CTR are guided by interprovincial policy and informed by evidence-based leading practices developed collaboratively. Canada is now capturing consistent patient, donor, allocation, offer, and, transplant and outcome data in a data warehouse which can be utilized for reporting and analytics; further informing policy development, and facilitating increased access, fairness and transparency for all patients on organ waitlists.
9. Record Keeping, and Monitoring

9.1 Documentation of Referral and Outcome

The Human Organ and Tissue Donation Act requires that the organ and tissue donation request, referral and outcome be documented in the person’s health record.

- Reason why no referral was made
- That referral was made for organ or tissue donation and the outcome (accepted or deferred and reason)
- Next of kin request and refusal, if applicable

9.2 Monitoring

The Human Organ and Tissue Donation Act requires CEOs to report to the Nova Scotia Minister of Health and Wellness on the performance of the health facilities under their jurisdiction on an annual basis.
10. Frequently Asked Questions

10.1 Frequently Asked Questions about Organ and Tissue Donation

The following are questions that people may ask health professionals about organ and tissue donation, and answers to assist health professionals in responding to patient and families.

General

Q: How do I express my wish to become an organ and tissue donor?
A: Nova Scotians can document their donation wishes on their provincial Health Card. Someone who is a Donor 1 has agreed to donate all organs and tissues. Someone who is a Donor 2 has agreed to donate specific organs and tissues.

Q: Why is it important to tell my family my donation wishes?
A: Every effort is made to respect the wishes of the donor. Talking with your family about your wishes, and making them known, helps the family when presented with the donation option.

Q: If I sign my MSI health card to indicate my wish to donate, will everything still be done to save my life?
A: Yes! Every effort is made to save your life before donation is considered. The option of organ and tissue donation is presented only when death is imminent or after a physician has declared death.

Q: If I have a serious medical condition can I still donate?
A: Yes, many people wonder how to fill in the organ donation information on their health card renewal form. A thorough medical screening of each donor is completed and organs and tissues not suitable for transplantation are not recovered from donors.

Q: How do I arrange to donate my body to medical science?
A: Dalhousie University’s Department of Anatomy has a program for Human Body Donation. Call (902) 494-6850 for more information or go to their website: Human Body Donation Program.

Q: Who can be a donor?
A: There is no age limit for organ donors. Previous health history is very important - each potential donor is medically screened to prevent transmission of disease to the recipients similar to the screening that is done when blood is donated.

Q: Can I be an organ and tissue donor and also donate my body to medical science?
A: You cannot be an organ donor if you have chosen to donate your body to medical science, but you may be eligible to donate corneas.
Q: Do most religions support organ and tissue donation?
A: Most religions support organ and tissue donation.

Q: Does organ or tissue recovery interfere with funeral arrangements?
A: Donation may delay funeral arrangements by up to one day.

Q: Can there be an open casket for the donor’s funeral?
A: Yes, an open-casket funeral remains an option.

Q: Can someone buy or sell organs or tissues in Canada?
A: The buying and selling of organs and tissues is illegal in Canada.

Organ Donation

Q: Why are transplants needed?
A: Table 10.1 below has examples of organs that can be transplanted and some of the reasons why a transplant is required.

Table 10.1 How organ donation can enhance lives:

<table>
<thead>
<tr>
<th>Organ</th>
<th>Reasons Why A Transplant May Be Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart</td>
<td>Congestive heart failure</td>
</tr>
<tr>
<td></td>
<td>Enlarged heart</td>
</tr>
<tr>
<td>Kidneys</td>
<td>Kidney failure (because of illnesses such as diabetes)</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
</tr>
<tr>
<td>Liver</td>
<td>Hepatitis</td>
</tr>
<tr>
<td></td>
<td>Liver Failure</td>
</tr>
<tr>
<td>Lungs</td>
<td>Cystic Fibrosis</td>
</tr>
<tr>
<td></td>
<td>Emphysema</td>
</tr>
<tr>
<td>Pancreas</td>
<td>Diabetes</td>
</tr>
</tbody>
</table>

Q: How many lives can a donor save?
A: One organ donor can save up to eight (8) lives.

Q: Can living people donate organs?
A: Yes! Kidney donation is the most common procedure, but some transplant centers also perform liver and lung transplants from living donors.

Tissue Donation

Q: Why is tissue donation important?
A: Tissue donor families overwhelmingly tell us that donation provides meaning to an unexpected death. Please respect the tissue donor family’s right to be offered the option of tissue donation.

Q: What tissues can be transplanted?
A: Tissues that are transplanted include corneas, skin, bone, tendons and ligaments, heart valves.
Q: Why are transplants needed?
Here are examples of tissues that can be transplanted and some of the reasons why a transplant is required.

Q: Who can be a tissue donor?
A: For tissue donation anyone 70 years of age and under, with no absolute contraindications, is a potential donor. Previous health history is very important - each potential donor is medically screened to prevent transmission of disease to the recipients similar to the screening that is done when blood is donated.

Q: How many lives can a tissue donor enhance?
A: One tissue donor can enhance up to 50 lives. Table 10.2 below shows some examples:

Table 10.2 How tissue donation can enhance lives:

<table>
<thead>
<tr>
<th>Tissue</th>
<th>Reasons Why A Transplant May Be Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone</td>
<td>Donated bone is used daily in operating rooms across the country to treat traumatic injuries, bone loss due to cancer, and hip replacements.</td>
</tr>
<tr>
<td>Corneas and Sclera</td>
<td>To restore sight to people who have damaged corneas due to disease or injury. Corneas are transplanted within 7 days of recovery, restoring sight to two (2) recipients. Sclera is used to treat traumatic eye injuries and is used for many glaucoma procedures.</td>
</tr>
<tr>
<td>Heart Valve</td>
<td>Heart valves (aortic and pulmonic) are used by cardiovascular surgeons to repair birth defects, leaky valves, and to treat endocarditis. Surgeons prefer to use donated human heart valves for women of child bearing age and children.</td>
</tr>
<tr>
<td>Ligaments and Connective Tissue</td>
<td>To restore the function and mobility of injured and damaged joints.</td>
</tr>
<tr>
<td>Skin</td>
<td>Plastic surgeons use donated skin to treat critically burned patients.</td>
</tr>
</tbody>
</table>

Q: If the person died several hours ago; can he/she still be a tissue donor?
A: Yes. Tissue recovery can take place up to 24 hours after death.

Q: Will the donor family know the outcome of donation?
A: Yes, they will receive a letter that explains what tissues were recovered and if corneas have been transplanted.

Q: How long will it take to recover the tissue?
A: Tissue recovery may take from two to ten hours.

Q: Where will tissue recovery take place?
A: Tissue recovery takes place in an operating room.

Q: If a person wears glasses; can he or she donate corneas?
A: Yes. People with many eye conditions, glaucoma, cataracts etc. can donate corneas.
11. Resources

11.1 Useful Resources On-Line

- Canadian Blood Services – Organs and Tissues Division
- Canadian Society of Transplantation
- Canadian Organ Replacement Registry
- Maritime Brain Tissue Bank
- Human Body Donation Program
- Legacy of Life: Nova Scotia Organ and Tissue Donation Program
- Multi-Organ Transplant Program (Capital Health)
- Regional Tissue Bank (Capital Health)