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Donation Physician Project Launched

Under the leadership of Dr. Stephen Beed, and Dr. Jennifer Hancock, ICU Physicians based at Capital Health, a project has begun to demonstrate the effectiveness of the Donation Physician role in selected health care facilities in Nova Scotia. The two year project will build on current strengths and improve the overall organ and tissue donation process. The role will focus on physician leadership, professional education, monitoring performance and accountability for organ and tissue

donation, and engaging senior leaders in changing the culture of organ and tissue donation. Implementing donation physician roles was a key recommendation of the *CBS Call to Action Report* that was completed on behalf of all jurisdictions in Canada. The successful candidates are Dr. Jane Brooks, Annapolis Valley, and Dr. Chris Milburn, Cape Breton. The Legacy of Life program will act as the co-sponsor and secretariat for the project. ■

Tissue Screening Tool

The Regional Tissue Bank made changes to the donor screening criteria for tissue donation in January 2014.

The changes were made based on evidence, and included the following contraindications:

- Age greater than 70 years. (Rationale: to ensure the most optimal tissue for transplant for the best patient outcomes is achieved).
- Weight less than 2.7 kilograms or greater than 136 kilograms. (Rationale: to ensure safe and respectful access and recovery of tissue).
- Lab diagnosed infections (e.g. MRSA, VRE, 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 (+ blood cultures, WBC>20,000 x 24 hours and T>38.3° C x 24 hours) *Findings must be concurrent*

To help front-line staff do an initial screening, a tissue donor screening tool was developed and implemented in 2014. As a part of the 2014 chart audit, the district resource nurses will assess whether or not the form is being completed by the front-line staff. ■



Photo of Tami Murphy, Janet Ballem, Jane Franklin and Mark Bonin, Critical Care Organ Donors Coordinators

Critical Care Organ Donation: Organ Donor Coordinators

At Capital Health, Organ Donation services were historically a responsibility of Transplant Services. Research concluded that the responsibility for identifying potential donors was primarily with the staff on the front line of critical care and emergency services. The outcome was the creation of the Critical Care Organ Donation Program in 2002.

The Critical Care Organ Donation Program is comprised of a Medical Advisor, Dr. Stephen Beed, Health Services Manager, Dawnelda Murray, three full-time Coordinators, Tami Murphy, Jane Franklin, Mark Bonin and one casual Coordinator, Janet Ballem.

The Coordinators, who provide 24 hour call coverage, are all Registered Nurses with over 100 years combined experience in Intensive Care.

The Donor Coordinator role is integral to the donation process, from referral and screening of potential donors through to organ recovery and donor family follow-up. In addition to the hands on coordination, Coordinators also facilitate organ donation for New Brunswick and Newfoundland. They perform chart audits within Capital Health and the IWK and compile data. Coordinators provide education to both healthcare professionals and the general public.

The Critical Care Organ Donation Program has a close relationship with Legacy of Life, the Multi Organ Transplant Program and the Regional Tissue Bank. ■

Professional EDUCATION HIGHLIGHTS

Continuing Medical Education

Dr Jennifer Hancock is a critical care physician based in Halifax, and member of the Legacy of Life Advisory Council. She is also Assistant Program Director of Dalhousie's Royal College Training Program in Adult Critical Care Medicine.

Dr Hancock's interest in both medical education and organ and tissue donation led her to develop a donation workshop targeting physicians. The interactive

presentation is designed to enhance the competency and knowledge of healthcare professionals regarding all aspects of organ donation, including how to approach families to offer the option to donate. To date this workshop has been presented in Halifax, Dartmouth and Cape Breton. Evaluations indicate that the workshop is a positive experience that provides physicians with practical advice.

INNOVATIVE IDEAS

Medical Examiner Tissue Project

In June 2014, Canadian Blood Services convened a group of key stakeholders in Nova Scotia who identified multiple process improvements in the organ and tissue donation continuum. The intention is to create a more responsive approach to ensure no meaningful opportunity for donation is missed when a death occurs out-of-hospital. Similar sessions have been held in Manitoba, Ontario, and New Brunswick with planning underway for a fifth session in Saskatchewan.

Over the next year, Canadian Blood Services will facilitate monthly discussions with a core team of volunteers that participated in the June 2014 workshop. The core team will set targets and report on actions being taken to realize the outputs of the June 2014 workshop:

- Educate Funeral Professionals/ Palliative Care
- Advance the collaboration between the NS Medical Examiners Service and the Regional Tissue Bank
- Educate first responders about donation and their potential role
- Better understand and enhance the family experience

DID YOU KNOW?

Canadian National Transplant Research Program (CNTRP) meets in Halifax

The Canadian National Transplant Research Program (CNTRP) is a national initiative designed to increase organ and tissue donation in Canada and enhance the survival and quality of life of Canadians who receive transplants. As noted in a CNTRP News Release – “Thank you to members who joined us for the Inaugural Annual CNTRP Scientific Meeting in Halifax. There was tremendous enthusiasm amongst participants to build on our early successes and help strengthen new and existing collaborations across the country and across health research disciplines. Over two busy days we hosted a successful New Initiatives Session, heard updates on the Project and Cores, had a highly interactive Training Session, held a joint Symposium with the Canadian Blood and Marrow Transplant Group, and further developed CNTRP policies in various committee meetings.”

Visit www.cntrp.ca for information on activities and priorities

WORKING GROUP UPDATES

Communications Working Group

The Legacy of Life Communications Working Group met to review the results of the 2013/2014 Communications plan. The plan included three components: communications around the new legislation (not yet proclaimed), Canadian Blood Services communications, and activities at the district and provincial level. Following

discussion it was determined that the activities and results were reasonable, and a new plan was developed for 2014/15. This plan is currently under review by the Advisory Council.

Donor Family Support Working Group

In 2009, the Donor Family Working Group researched and developed a

Recommendations Report to enhance the donation experience for donor families. In 2014 an evaluation was conducted in order to assess the progress on the recommendations. This report is currently under review by the working group and once approved will be provided to the Advisory Council to inform future strategic planning.

Congratulations

Congratulations to Rebecca MacNeil of Sydney Academy who will be attending Dalhousie University and Nathan Guimont of Lockview High who will be attending Memorial University. Rebecca and Nathan were recipients of the first Life: Pass It On annual scholarships.

Nova Scotia Organ Grinders thrilled with 12 medal count.

The Nova Scotia Organ Grinders team received the first adult medals for Nova Scotia ever in the 7th Annual Canadian Transplant Games that were held in Moncton New Brunswick this July. The medal count included six gold, five silver and a bronze. Congratulations to all organ transplant recipients and families from across the country who came to enjoy the competition, camaraderie and celebration of a second chance at life. ■



Three friends, all transplant recipients, want others to consider organ donation.

By Bill Spurr, Chronicle Herald, April 2, 2011

Blair Landry had just returned to Halifax from the Vancouver Winter Olympics, where he was a hockey official, when things really got interesting.

“I got back in March and around April, I started feeling tired,” Landry said. When he started having trouble climbing stairs, and constantly had the taste of metal in his mouth, he went to his family doctor, who prescribed blood work. The blood work revealed that he had less than five per cent kidney function.

Landry and his wife, Deanna, briefly discussed what to tell their three children and then he packed a bag and was admitted to the hospital.

Landry started getting dialysis treatment that week, and being grateful for the fact he has three brothers. “A brother has a two-in-four chance of being a half-match, one-in-four of being no match whatsoever, and one-in-four of being perfect,” he said.

Landry’s brother, Craig, turned out to be a match, and after a few months to match tissue and do other preliminary work, the transplant took place.

Now, life is mostly back to normal.

“I can’t play contact sports, and I can’t eat grapefruit (because it might disrupt medications), and I’m fine with that sacrifice.”

In a bizarre coincidence, Landry’s transplant made him the third guy on his gentlemen’s hockey team to be, as he puts it, “running on spare parts.”

His longtime friend, Trevor Umlah, underwent a double lung transplant in 2007, and Chris Meagher had a kidney transplant in 2009 after being diagnosed with the same disease as Landry has.

“On the Internet, it says the odds are one-in-5,000,” said Landry. “So what are the odds of two friends from Fairview having it?”

The three friends recognized the uncanny coincidence that rocked their lives and decided they needed to do something to increase organ and tissue donation awareness. They formed a society called “Life: Pass It On”

The goal is to get families to discuss organ donation before someone dies.

“We all feel super fortunate to have the quality of life that we have today. So we sort of sat around and tried to figure out what we could do to help others get the same benefit,” said Landry.

“People don’t really seem to talk about (organ donation) until it’s too late, and the ultimate decision is left to the family to make, maybe not knowing the wishes of the person who died.” ■

STATS

Meaningful Donation Experiences: Offering a Legacy of Life is a workshop for healthcare professionals that focuses on organ and tissue donation. In addition to learning about the donation process, participants discuss how to approach families for the donation discussion. The workshop is modified based on the audience and can be 1 to 4 hours in length. The workshops are offered through the Donation Resource Nurses and a provincial support team, as required. The following table shows the number of workshops and the number of participants between 2009 and 2013.

Year	# of workshops	# of participants
2009	3	33
2010	22	188
2011	21	169
2012	20	216
2013	18	173
Total		779

NATIONAL PERSPECTIVE

Offering the Opportunity for Donation to Families of Potential Donors

Presenting the opportunity for donation to families who are in a stressful, traumatic situation is difficult and must be done with sensitivity and compassion. Recognizing this, Canadian Blood Services sponsored a workshop in Montreal to develop leading practices in this area. There were 44 participants with a broad range of perspectives – critical care, organ and tissue donation, social work, legal, chaplaincy, ethics, health care administration, donor family, aboriginal representation and international experts. Participants reviewed evidence and current practices. They discussed working with families in crisis, ethnic and cultural considerations, legal requirements, and required skills and training.

By the end of the meeting, consensus had been reached in a number of areas. Meeting participants agreed that conversations with families needed to be collaborative, compassionate, and supportive and provide meaningful

information regarding donation and its value. This helps families in reaching an optimal and enduring decision that is also respectful of the wishes of the potential donor. The group supported the importance of having a “team huddle” with the donor coordinator and key members of the patient’s health care team prior to the donation conversation with the family. Building a strong and trusting relationship between the Organ Donation Organization and the hospital was also recognized as a key ingredient in establishing an effective donation environment in the hospital.

As Dr. Adrian Robertson, an intensivist from Winnipeg Health Sciences Centre and the Chair of the meeting explains, “Improving these conversations with families will not only lead to better family care and support, but will also increase consent rates and help those patients waiting for an organ transplant.”

Canadian Blood Services is also developing tools and resources to support this process that will be available for the clinical community. The workshop report and recommendations can be found at:

www.organsandtissues.ca

AROUND THE PROVINCE



Paintings by local artist Kayanna MacLean were presented in memory of kidney dialysis patient Trevor Gillis by his mother Jane MacLean and his cousin Debbie LeLievre, Manager of Infection Protection and Control, CBDHA. The paintings were presented to Laurie MacLellan, Renal Dialysis Unit Manager and Angela MacArthur, Facility Manager on August 27 for the Inverness Renal Dialysis Unit. Trevor had been receiving hemodialysis for many years in New Brunswick and his dream was to come home to Inverness and receive dialysis, so it was very close to Debbie LeLievre’s heart to be involved in the designing and planning stages of the Inverness Dialysis Unit.



Spare Parts Tour

Ron Hahn, kidney transplant recipient, while on a 8,500 Km bike tour visited with Corinne Corning at the Department of Health and Wellness in Halifax.

Hahn was the recipient of a kidney eight years ago from his father. To pay it forward, he is now cycling solo across Canada as part of the Spare Parts Tour to raise awareness and to dispel myths about organ and tissue donation. The trek from BC to NS was completed on September 9.

The Cells Tissues and Organs Surveillance System in Nova Scotia

Since 2008, Nova Scotia, through the Nova Scotia Provincial Blood Coordinating Program (NSPBCP) has participated in the Public Health Agency of Canada's (The Agency) Cells, Tissues, and Organs Surveillance System (CTOSS). The objective of CTOSS is to improve safety for Canadians receiving transplants by capturing and analyzing adverse event data and disseminating the resulting knowledge. In partnership with the Regional Tissue Bank (RTB) in Halifax, Nova Scotia, the NSPBCP has collected denominator data and adverse reaction data on allograft tissue since 2011.

In addition to this work, Nova Scotia has undertaken initiatives to support

the identification and timely reporting of adverse reactions. In 2009, an environmental scan was conducted to identify stakeholders in the organ and tissue donation and transplantation (OTDT) community in NS and current adverse reaction reporting requirements. Additionally, a survey was conducted with hospital administrators, transplanting surgeons, and other physicians and dentists to determine the level of knowledge surrounding Health Canada's *Safety of Human Cells, Tissues, and Organs for Transplantation Regulations* (CTO Regs). The survey demonstrated a lack of awareness amongst healthcare providers and hospital administrators of the CTO Regs with only 13.3% of respondents indicating awareness of the Regs. From the results of this scan and survey, a list of thirteen recommendations for value add activities for the CTOSS Coordinator to conduct was developed.

A patient education pamphlet entitled *Tissue Transplant: A Patient Guide* was

published in July 2014 and is available to health care providers in Nova Scotia free of charge by contacting the NSPBCP at (902) 473-8207 or nspbcpc@cdha.nshealth.ca. It contains information for patients on the signs and symptoms of an adverse reaction following tissue transplant surgery and what to do should they believe they may be experiencing an adverse reaction.

In June of 2014, the CTOSS initiative engaged in a planning session to evaluate its current objectives and determine if they were still relevant, given the growth and development of CTOSS in NS. The CTOSS Advisory Group, which consists of key stakeholders in the OTDT community in NS, determined that the priorities for CTOSS going forward in NS is to develop mechanisms to inform patients and their family physician's that they received a tissue transplant. The intent of this initiative is to ensure potential adverse reactions are recognized in a timely manner. ■

ORGAN AND TISSUE CONTACTS



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