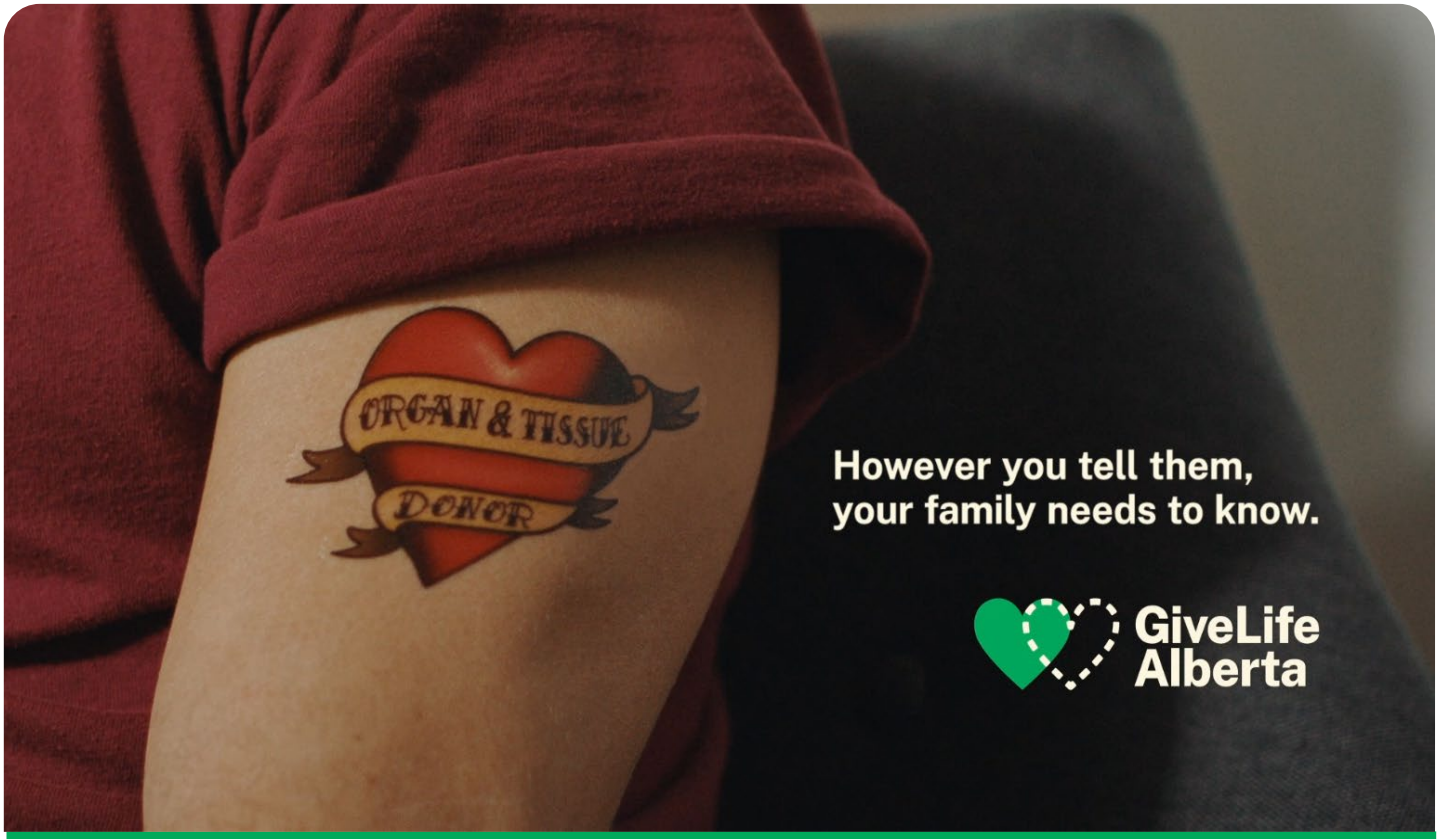

Give Life Alberta

Annual Report 2024

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Message from Our Leaders

We are proud to share that our incredible teams have marked another transformative year for Alberta's organ and tissue donation landscape. When the provincial government amended the Human Tissue and Organ Donation Act in 2023 — transferring many donation-related responsibilities to Alberta Health Services (AHS) — we developed a vision of how we'd like our program to evolve. It's been truly remarkable to see many of the ideas we had on paper come to life in 2024.

On April 22, 2024, during National Organ and Tissue Donation Awareness Week (NOTDAW), our program officially announced its new name, Give Life Alberta, and its new user-friendly web page GiveLifeAlberta.ca. In a survey of more than 130 Albertans, this name emerged as the favourite, with most seeing it as a call to action. Our new logo symbolizes the gift of life, with the green heart filling the void of the dotted heart.

Give Life Alberta also launched its new public awareness campaign during NOTDAW 2024. All the Ways is a series of video and print ads showing creative methods of informing your family about your decision to donate organs and tissues. While the campaign's tone is light-hearted, our goal is to normalize talks about deceased donation, so grieving families faced with the difficult decision to donate will know what their loved one wanted. All the Ways garnered media attention across Canada and has won local and national awards.

2024 has also been a year of growth for hospital development. Give Life Alberta added four Senior Donation Consultants, each with the primary focus of partnering with hospital leadership to optimize organ and tissue donation practices and build a culture of donation. This team — along with SEND physicians (Specialist in End-of-Life Care, Neuroprognostication, and Donation) — helps ensure more families are offered the option of donation as part of end-of-life care in our province. Since the SEND Program began in 2021, Alberta has seen a marked reduction in missed organ donation opportunities.

This year, SEND implemented Grand Rounds to provide continuous education opportunities for any healthcare professionals involved in deceased donation, and added Alberta's first neonatal donation specialist.

We know our efforts are making a difference in donation: 2024 was another record year with 317 deceased organ and/or tissue donors. We are incredibly grateful to those donors, their families, and our passionate teams for making those gifts of life possible.

Give Life Alberta
Annual Report 2024

In this report, you'll find a number of touching stories, including Canada's first robot-assisted kidney transplant, performed by the University of Alberta Hospital's Dr. Max Levine. We hope you find these stories — and our work — as inspiring as we do.

Deanna Paulson
Operational Director
Give Life Alberta

Dr. Andreas Kramer
Medical Director
Give Life Alberta

About Give Life Alberta

The Human Tissue and Organ Donation Act enables AHS to carry out activities on behalf of the Alberta Organ and Tissue Donation Agency (Agency) of Alberta Health. Give Life Alberta was subsequently created as a department within AHS, uniting all existing organ and tissue donation teams under a single name and brand. Additionally, a strategic provincial office was created to ensure all responsibilities of the Agency were met, and to be accountable for provincial strategic initiatives to optimize organ and tissue donation. Duties of the Give Life Alberta provincial office include:

- Consult, coordinate and support the work of donation programs in Alberta.
- Monitor and measure information about organ and tissue donation.
- Educate the public and healthcare community about organ and tissue donation.
- Support and encourage use of the Alberta Organ and Tissue Donation Registry.
- Make recommendations to the Minister of Health and provide regular system performance reports.
- Receive submissions from individuals and groups related to the Agency's purpose.

The provincial program is led by an Operational Director and a Medical Director, and has nine full-time staff including: Program Manager, Administrative Supports, Senior Donation Consultants, Senior Communications Advisor, and Senior Analyst.

The program is governed by a Steering Committee and an Advisory Committee. The Steering Committee is comprised of administrative and medical leadership from stakeholder groups including organ and tissue donation, transplantation, critical care, emergency, pediatrics and medical assistance in dying (MAiD), with broad geographic representation covering urban and rural communities. The Advisory Committee is comprised of patient and family advisors, community partners, Indigenous representation, physicians, critical care, emergency, medicine, surgery, pediatrics, neonatology and spiritual care.

Building on the foundation of the existing donation program, Give Life Alberta has developed a strategic plan within the AHS framework, and is now poised to advance organ and tissue donation in Alberta to new levels of excellence — improving patient and family care and enhancing access to transplantation.

Organ Donation Overview

Deceased organ donors
111
Highest number on record in Alberta

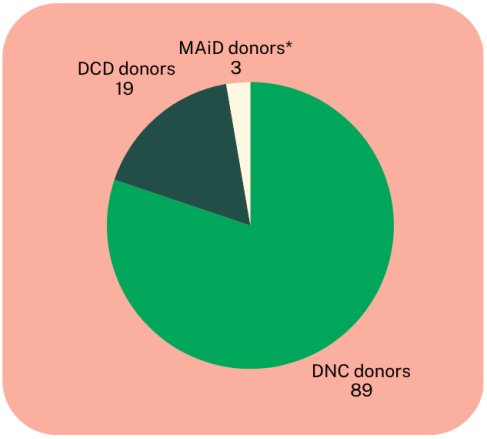
This total includes all organ transplants performed in Alberta from deceased and living donors, including organs imported from other provinces.

Donation after Circulatory Death (DCD)

DCD is an option for organ donation for patients once a decision has been made to remove all life-sustaining treatments. When a person's heart permanently stops beating, they have experienced Circulatory Death. Organ Donation following **MAiD** follows the DCD process.

Donation after Death by Neurologic Criteria (DNC)

DNC (also referred to as "brain death") means the brain has permanently lost all function and a diagnosis of death using neurological criteria has been determined.



*MAiD donors: Medical Assistance in Dying

Organ transplants performed
470

Organs transplanted per donor: 3.81

Donors per million: 22.7

Living donors
74

Kidney (69)

Liver (5)

32% of patients eligible for deceased organ donation became donors

Referral	Approach	Consent	Missed
58%	89%	38%	8%
Give Life Alberta was contacted for eligible patients	Families offered organ donation at end-of- life	Chose to donate their organs	Eligible donors were not identified or given the option to donate

Missed organ donation opportunities have decreased significantly since the inception of the SEND Program in 2021.

Tissue Donation Overview

Deceased Tissue Donors

239

48.9 donors per million

Includes ocular, cardiovascular, musculoskeletal, and skin

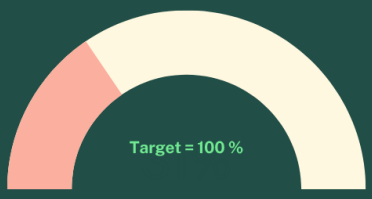
Living Tissue Donors

36

Includes femoral heads from hip replacements and placenta donations from planned Cesarean sections

An ongoing focus for Give Life Alberta is to increase the referral rate for tissue donation.

31% of hospital deaths included documentation of screening for tissue donation.



Education and awareness efforts are underway across Alberta to support this goal.

Allograft Distrbution

3,529 allografts supplied to surgeons

Allografts are processed tissue ready for transplant

Canada's first robot-assisted kidney transplant performed in Edmonton

Husband gives gift of life to wife in groundbreaking procedure

Alberta Health Services' Dr. Max Levine has performed Canada's first robot-assisted kidney transplant. This minimally invasive technique involves smaller incisions and faster recovery, opening the door for patients who might not otherwise be suitable candidates for transplant surgery.

Dr. Max Levine of the UAH Kidney Transplant Program and Ryan Amyotte of the UAH Urology Service, next to the da Vinci Xi Robotic Surgical System. *Photo courtesy: Evan Isbister*

"The benefits relate to what we don't have to do to the patient," says Levine, the Surgical Director of the University of Alberta Hospital's (UAH) Kidney Transplant Program.

"We don't have to make a big incision and we don't have to put a large retractor in (the incision) to expose things. So post-operative pain is better in these patients. Their risk of wound infection, wound breakdown and complications — in terms of fluid collection around the kidney — are all improved when compared to the open (surgery) approach."

Levine trained in Belgium in November 2023, learning to apply a robotic surgical platform to transplant surgery by precisely controlling robotic arms from a large arcade-game-like console. In June 2024, he used the UAH's existing da Vinci Xi Robotic Surgical System, with a few new parts, to perform the historic procedure.

"It's a totally different way to operate. You don't have the same tactile sensation, but you have greater spatial awareness than you do with other minimally invasive approaches," says Levine.

Avoiding the need for a large incision means the robotic technique can be safely used for patients with an increased risk of complications, such as those with a high body mass index.

To start with, Levine chose two lower-risk patients. The first was Amy Dubyk, who needed her left kidney moved to her right side due to Nutcracker syndrome, a rare and painful vein compression disorder.

“I have seven incisions, just small half-an-inch wide incisions,” says Dubyk, who became the first robot-assisted autotransplant (transplanting organs or tissues to another part of a person’s body) patient in western Canada.

“Without (robot-assisted surgery), I would have had a long, big incision. It would have been a much more difficult healing process and recovery.”

Levine’s second patient, Canada’s first robot-assisted kidney transplant, was Carmen Newchuk. Her husband, Ernie Peters, donated one of his kidneys to her.

In 2022, Newchuk was diagnosed with kidney failure due to a rare genetic condition, thrombotic microangiopathy (a condition where the kidney dies because of damaged blood vessels). Over two years, she received dialysis in hospital several times a week; 304 treatments in total. When it came time for a transplant, her husband stepped up for testing to donate.

“It’s quite surreal for us,” she says. “We’re still a little bit in shock that we’re a match, because it’s not only a blood match, but our cells and tissues had to match, and it worked out,” she adds with a smile.

“We’re very ecstatic,” says Peters. “We were hoping (for a match) … it was a long shot.”

Peters had traditional laparoscopic surgery, while Newchuk had the robotic procedure. She says when Levine presented the option to her, she jumped at the opportunity.

“(Levine) gave us time to think about it, but I gave him my answer right there. There were so many advantages to (robotic surgery),” says Newchuk. “All my incisions have healed really nicely. (With) the five-centimetre incision, you can’t even tell I had surgery there.”

The two successful cases officially launch Edmonton’s Robotic Renal Transplant Program. Levine is grateful to his UAH team for their support.

Newchuk is also thankful, especially for her husband’s selfless donation.

“I didn’t think he was going to come into my life to save my life,” says a teary Newchuk. “And I’m so grateful … so grateful.”

Kidney recipient Carmen Newchuk with her donor and husband, Ernie Peters.
Photos courtesy: Carmen Newchuk

The SEND Program

The SEND Program was launched in April 2021 with support from an Alberta Health grant. This initiative aims to provide expert consultation and leadership in organ donation, neuroprognostication, and end-of-life care across Alberta.

Currently, the program includes 27 SEND physicians working across six cities: Edmonton, Calgary, Grande Prairie, Red Deer, Lethbridge, and Medicine Hat. These specialists support 16 acute care hospitals and are accessible at all times for consultation with critical care and emergency medicine professionals, as well as organ donation coordinators.

The role of SEND physicians is crucial in providing second opinions on neurological prognostication, particularly in relation to DCD protocols. To better reflect the full scope of their services — and to avoid misunderstandings when SEND physicians are involved in non-donation-related patient care — the term “Specialist in End-of-Life Care, Neuroprognostication, and Donation” was adopted.

While the majority of the SEND team consists of adult critical care specialists, it also includes professionals with expertise in emergency medicine, pediatrics, cardiology, neurocritical care, and neonatology.

Program Objectives

The SEND Program was developed with the following objectives:

1. Provide local leadership and foster a culture of donation in Alberta hospitals.
2. Promote adherence to guidelines for organ donation following DNC and DCD.
3. Enhance consistency and excellence in neurological prognostication and end-of-life care for patients with severe brain injury.
4. Raise awareness of DCD protocols, especially in hospitals with less activity.
5. Identify missed organ donation opportunities and improve accountability within intensive care units and emergency departments.
6. Advance education and training on organ and tissue donation among physicians, residents, and other healthcare providers.
7. Support research to expand knowledge in donation and transplantation.

SEND Grand Rounds

In 2024, the SEND Program introduced SEND Grand Rounds — an accredited, ongoing education series open to physicians, nurses, allied health professionals, and organ donation staff. These sessions are accredited by the Royal College of Physicians and Surgeons of Canada and have garnered significant interest, with 235 views in the first year. Participation continues to grow as awareness spreads.

Medical Record Review

SEND physicians conduct ongoing reviews of medical records of critically ill patients who died in Alberta hospitals, identifying missed organ donation opportunities. A missed donation opportunity is defined as occurring when there is no documentation in the medical record that the family or substitute decision maker of an eligible donor was offered the option of organ donation, and no referral was made to Give Life Alberta for organ donation. To address this, the SEND Program developed reporting tools that provide feedback to frontline providers, department leaders, and administrators. This initiative supports continual improvement and a reduction in missed organ donation opportunities.

Program Evaluation

Marking its third anniversary, the SEND Program underwent a comprehensive evaluation. This included pre and post-implementation medical record reviews, revealing a marked reduction in missed organ donation opportunities since the program began.

Key findings include:

- System-wide SEND implementation led to consistent, province-wide improvements.
- Enhanced accountability and regular feedback loops contributed to increased awareness of potential organ donor eligibility and the requirement of mandatory referral to the donation organization.
- Increased referrals and DCD organ donors were observed post-implementation.

Summary

The SEND Program has made significant strides in improving end-of-life care, advancing organ donation practices, and ensuring that more patients and families are supported through these critical moments. With continued dedication and system-level integration, SEND is helping to build a culture of donation that reflects best practices, ethical care, and clinical excellence across Alberta.

Reducing missed opportunities

How the SEND Program is making a difference in donation

Grey Nuns Hospital Intensive Care Unit. *Photo courtesy: Su-Ling Goh*

Wayne Gretzky once said, “You miss 100% of the shots you don’t take.” At Edmonton’s Grey Nuns Community Hospital, this approach to organ donation is saving lives and providing some comfort to donor families.

Patients generally become eligible for organ donation when they are on life support in an intensive care unit (ICU) and specialized physicians have determined they have no hope of survival. It’s during this difficult time that ICU staff must talk to the patients’ loved ones about the option of organ and tissue donation; the process is time-sensitive and the next-of-kin must provide consent.

In the first half of 2024, staff and physicians of the Grey Nuns' ICU managed to approach 100% of all eligible organ donors' families about the option of organ donation. This led to six families providing consent, with all six patients going on to donate. A total of 29 organs were transplanted, saving 27 lives (one person received multiple organs).

By comparison, the year before in 2023, the Grey Nuns saw one patient go on to donate. That person saved up to seven lives.

Dr. Ehab Eshtaya is proud of the hospital's progress. Approach rates in Alberta have been improving since the 2021 launch of the SEND Program, in which critical care and emergency department physicians work with healthcare teams to identify and refer potential donors.

Dr. Ehab Eshtaya, Physician Lead, SEND North.
Photo supplied.

"I think having a SEND Physician at the site that can speak to the physician group directly in meetings… being available by text and phone call… having that face time, that direct contact is huge," says Eshtaya, the physician lead for SEND North.

Eshtaya says the Grey Nuns staff members are also very receptive to feedback and coaching; their success is proof a smaller hospital can make a big difference.

"Some hospitals that are smaller in size have the advantage of an easier time building good teams and an easier time disseminating information in a concise way," says Eshtaya.

"You can see people rally… We really punch much harder than our size would suggest."

Give Life Alberta Senior Donation Consultant Corinne Marceau adds, "I was so impressed with the work that went into all of these (Grey Nuns) referrals, family approaches and all the work that went on in the unit in order to make these donations happen."

Marceau explains one of the main goals of the province's organ and tissue donation program, Give Life Alberta, is to reduce missed donation opportunities.

“Sometimes (an eligible) patient is not referred to the organ donation program and therefore the Alberta Organ and Tissue Donation Registry is not checked and the family is not aware that the patient had registered their intent (to donate),” says Marceau.

“So, if that is part of the end-of-life wishes of their loved one… we don’t want that opportunity to be taken away from the family because that referral was missed.”

Marceau and her colleagues started forming Donation Resource Teams in several Alberta hospitals in mid-2024, recruiting leadership, management and frontline staff.

Corinne Marceau, Senior Donation Consultant. *Photo supplied.*

“Donation Resource Teams help us to inform how their site might want to proceed with increasing awareness, educating staff and following up on missed opportunities and barriers to the donation process,” says Marceau.

Eshtaya adds, “It’s a team effort… yes, the physicians are the ones who should be bringing up (donation), but I think if everyone on the team understands that part of end-of-life, then we can help remind each other, ‘Hey – do you think this patient would be suitable for organ donation?’ Just even bring up the question.”

Both hope to keep the momentum going in 2025.

“To know you’ve been helping people, not just inside the ICU, but outside in the community for people who have been waiting for organs, is very special,” says Eshtaya.

“It’s the kind of stuff that makes you want to do better to see greater success in the bigger picture.”

Strategic Plan

Vision	*Quality care in organ and tissue donation. Access to transplantation. For all Albertans.*
Mission	*To optimize patient and family care related to organ and tissue donation, to uphold responsible stewardship of the gifts of organs and tissues, and to enhance access to transplantation.*
Goal 1	Build a strong donation culture
Strategic Objectives	Improve public awareness of organ and tissue donation, including that patients and families should expect end-of-life care to include the opportunity to discuss donation.
	Maintain public trust in the organ and tissue donation system.
	Ensure public education is inclusive and culturally safe.
	Increase registration in the Alberta Organ and Tissue Donation Registry.
	Maintain engagement with public interest groups to ensure collaboration, synergy, and consistent messaging.
Goal 2	Support high quality donation-related patient and family care
Strategic Objectives	Maintain engagement with patients and families to assess quality of service and inform service delivery.
	Support healthcare providers in developing and maintaining systems that optimize organ and tissue donation.
	Enhance knowledge of organ and tissue donation among healthcare professionals.
	Enhance inclusion and cultural safety in the delivery of care.
	Ensure province-wide access to donation services.
Goal 3	Optimize donation rates
Strategic Objectives	Establish and maintain mechanisms to measure system performance on an ongoing basis.
	Establish internal and public reporting related to system performance, including key performance indicators and targets.
	Promote systems that minimize missed donation opportunities.
Goal 4	Optimize system performance
Strategic Objectives	Advance provincial harmonization and adoption of leading practices.
	Advocate for sufficient capacity to facilitate organ and tissue donation and transplantation as donation activity increases.
	Partner with operational leadership to implement continuous quality improvement initiatives.
	Contribute to education, research and innovation through partnerships, participation, and in-kind contributions.

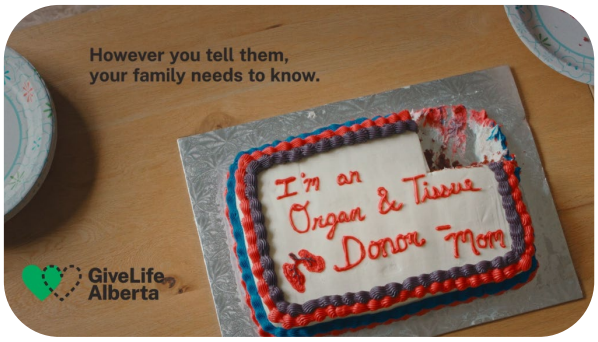
Goal 1: Build a Strong Donation Culture

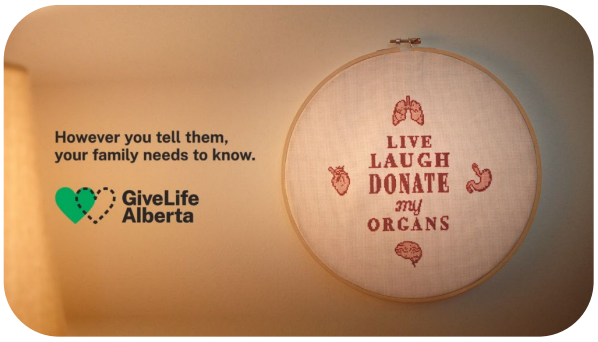
Strategic Objective: Improve public awareness of organ and tissue donation, including that patients and families should expect end-of-life care to include the opportunity to discuss donation.

Through a competitive proposal process, the Alberta Organ and Tissue Donation Program contracted an advertising agency to develop a new program name, brand, web page, and advertising campaign.

Following market research including environmental scans, focus groups, and professional and public surveys, “Give Life Alberta” was selected as the program name, and the “Dotted Heart” logo was developed to symbolize donation. The name and logo were launched in April 2024 to coincide with National Organ and Tissue Donation Awareness Week.

Market research revealed that the majority of people support organ and tissue donation; however, most do not know about donor registries or the importance of discussing their wishes with their family. The first advertising campaign was therefore directed at individuals who support donation, but have not registered or shared their decision with loved ones. The “All the Ways” campaign uses humour to normalize donation discussions and promote a culture of donation. It was launched in April 2024, including videos and static advertisements across multiple platforms: traditional television, connected TV, traffic helicopter sponsorship, social media, online video, branded content, transit, billboards, malls, recreation centres, cinemas and restaurants. The campaign received a national Applied Arts advertising award in the category of Public Service Announcement / Charity Video Series and several Advertising Club of Edmonton awards.





Two ads from the award-winning “All the Ways” public awareness campaign.

The agency also developed the first iteration of our web page, GiveLifeAlberta.ca, which also launched in April 2024. The user-friendly web page contains public resources to support Albertans in making their decisions related to organ and tissue donation, and provides easy access to the online registry.

The current web page includes the most critical components necessary to educate the public and enable easy access to the Registry. Work is now underway to expand the page; our top priorities are to expand content and resources related to living donation, incorporate resources for healthcare professionals, ingest legacy web pages, and include more statistics and reporting. Enhancement of the web page will be a perpetual activity, guided by stakeholder input and directed by our Advisory and Steering Committees.

With the program foundation established, Give Life Alberta developed a long-term public awareness and education strategy, which will remain a living document as goals are achieved and the public awareness landscape evolves. This strategy includes advertising campaigns, media, social media, branded merchandise, website, community engagement, youth education, cultural safety, and community partnerships.

Strategic Objective: Maintain public trust in the organ and tissue donation system.

Maintaining public trust is in many ways synergistic with public education and awareness, and the initiatives discussed under that Strategic Objective also address this priority.

Give Life Alberta will develop a mechanism to assess public trust and patient and family satisfaction. Through consultation with AHS Community Engagement, and under the guidance of the Advisory Committee, which includes patient and family advisors, a formalized mechanism to gauge public trust on an ongoing basis will be developed and implemented (e.g., surveys, focus groups).

Strategic Objective: Ensure public education is inclusive and culturally safe.

The precursor to culturally safe and inclusive education is the establishment of a brand identity and foundational messaging. This has existed in large part for many years, and primarily required updating and harmonizing.

Give Life Alberta will develop a strategy to adapt education to various cultures in Alberta over the coming months and years. This will include determination of which communities will benefit from adapted materials, and a plan to develop and distribute these materials and education.

Strategic Objective: Increase registration in the Alberta Organ and Tissue Donation Registry.

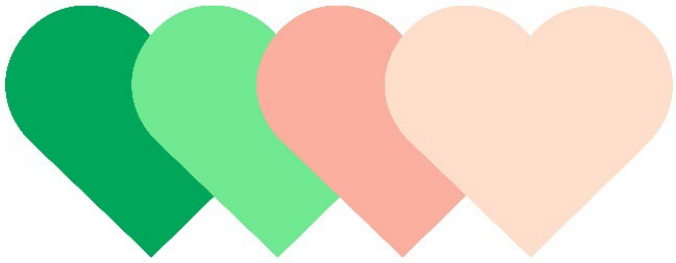
Give Life Alberta's public education and awareness initiatives and messaging identify the Registry as a primary mechanism for expressing wishes related to donation.

Give Life Alberta is working with Alberta Health to measure and trend registrations over time. While it is not possible to definitively attribute growth or shifts in registrations to an individual initiative, milestones will be noted (e.g., execution of a new advertising campaign) and assessed for impact on registrations. Targets will also be established and monitored.

Strategic Objective: Maintain engagement with public interest groups to ensure collaboration, synergy, and consistent messaging.

Give Life Alberta is a member of the national Canadian Blood Services Public Education and Awareness Committee, and continues to collaborate with other national jurisdictions to ensure alignment of messaging, leveraging of synergies, and sharing of leading practices.

Give Life Alberta collaborates with the Alberta Transplant Institute's Public Advocacy Committee to enhance community engagement, stay abreast of the work being done by community partners, and to ensure advocates are utilizing accurate and consistent messaging that aligns with Give Life Alberta's public education and awareness strategy. Give Life Alberta has established connections with advocacy and community groups and developed an ongoing engagement strategy.



Goal 2: Support High-quality Donation-related Patient and Family Care

Strategic Objective: Maintain engagement with patients and families to assess quality of service and inform service delivery.

Patient and family advisors make up a significant portion of the Advisory Committee membership and their input has shaped several initiatives throughout the inception of Give Life Alberta. This engagement will continue as the program advances. Site-based Donation Resource Team membership includes patient and family advisors, and site action plans will include initiatives to assess patient and family satisfaction.

Strategic Objective: Support healthcare providers in developing and maintaining systems that optimize organ and tissue donation.

To coincide with Mandatory Referral legislation coming into force in 2023, Give Life Alberta developed and disseminated organ and tissue donation pathways throughout AHS. Give Life Alberta continues to utilize the donation pathways as a key learning tool and standard operating procedure.

“Hospital Development” is an industry term referring to the activities undertaken by a donation program to optimize donation at an acute care site. Activities of a hospital development system generally include establishment of site-based Donation Resource Teams, annual action plans that include quality improvement and leading practice initiatives, professional education and promoting a culture of donation, chart audits and reporting of missed donation opportunities, regular internal and external performance reporting, awareness events, celebrations, and recognition of success.

Donation Resource Teams are composed of local leadership, staff and physicians to oversee donation activities at the site. Give Life Alberta Senior Donation Consultants co-chair the committees and serve as leaders and resources for site initiatives. Give Life Alberta is in the process of working with local leadership to establish Donation Resource Teams at the 16 largest acute care sites with both organ and tissue donation potential. At the time of this report, 12 Donation Resource Teams have been implemented.

The next steps in establishing the hospital development system are to complete Donation Resource Team implementation at all 16 centres. The early priorities of the teams are to review key performance indicators and perform SWOT (Strength, Weakness, Opportunities, Threats) analyses which will inform the development of site action plans. Initiatives flowing

from the site action plans will follow an ongoing quality improvement cycle. Priority initiatives are site-specific and will evolve over time as the system continues to mature.

Donation Resource Teams are not an appropriate mechanism for smaller sites with lower potential for donation due to the resources required. Give Life Alberta is taking a broader approach to supporting rural sites including mass education and communication, reporting, and ad hoc support and education as requested. Give Life Alberta is also developing a strategy to support healthcare providers outside of the acute care system.

Strategic Objective: Enhance knowledge of organ and tissue donation among healthcare professionals.

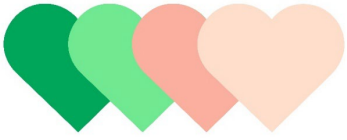
A major component of hospital development is professional education. Donation Resource Teams are developing site-specific plans. There is a heavy initial focus on tissue donor identification and referral. To support this, Give Life Alberta developed a provincial online professional education module for AHS staff and physicians, launched in March 2024. In addition, Give Life Alberta has developed instructor-led teaching to be delivered throughout the organization as directed by the Donation Resource Teams. As professional education is delivered, teams continue to optimize content, leveraging leading practice resources. To ensure comprehensive education among all healthcare professionals in Alberta, Give Life Alberta is developing a long-term strategy for professional education.

Strategic Objective: Enhance inclusion and cultural safety in the delivery of care.

Give Life Alberta is developing a strategy to produce culturally safe practice guidelines. This includes determination of which communities will benefit from an adapted approach, and a plan to disseminate these practice guidelines.

Strategic Objective: Ensure province-wide access to donation services.

Full province-wide access to organ donation services has existed for many years. Tissue donation service capacity is centered around Edmonton and Calgary, with more limited ability to provide service to regional urban and rural communities. Legislative compliance and optimal end-of-life care necessitate province-wide donation services. Give Life Alberta is developing a plan to enable optimized tissue donation service province wide.



Goal 3: Optimize Donation Rates

Strategic Objective: Establish and maintain mechanisms to measure system performance on an ongoing basis.

Medical record review for missed organ donation opportunities is a joint initiative between the SEND Program and Give Life Alberta. Every patient who dies in a manner that may potentially lead to organ donation is audited by a Senior Donation Consultant and a SEND Physician to ensure that the option of organ donation is offered where appropriate. Nearly 400 charts are reviewed annually. Individual case reports of missed opportunities and summative reports are provided to physicians and leadership on a quarterly basis.

Drawing on data from the AHS provincial electronic medical record, Connect Care, Give Life Alberta has established a performance dashboard that utilizes clinical data to determine tissue donation potential. (Potential tissue donors are too numerous for manual chart reviews.) Reporting from the dashboard has been incorporated into the ongoing organ donation reports and is distributed to physicians and leadership on a quarterly basis.

Strategic Objective: Establish internal and public reporting related to system performance, including key performance indicators and targets.

An organ and tissue donation dashboard, delineating site-specific performance, was developed and is provided to AHS senior site administrative and medical leadership on a quarterly basis. The first iteration of the report included the 16 largest AHS sites. Over the coming months, the report will be expanded to include all AHS sites.

This annual report is the primary mechanism for public reporting, transparency and accountability. Ongoing public reporting of performance metrics and key performance indicators will also be incorporated into GiveLifeAlberta.ca.

Strategic Objective: Promote systems that minimize missed donation opportunities.

Minimizing missed donation opportunities is being addressed through hospital development and Donation Resource Teams as outlined under Goal 2. Systems that minimize missed donation opportunities are site-specific determined by local performance reporting, SWOT analyses and action plans.

Goal 4: Optimize System Performance

Strategic Objective: Advance provincial harmonization and adoption of leading practices.

Give Life Alberta has implemented the iTransplant® deceased donor management system, which launched in November 2024. iTransplant® is an electronic medical record that facilitates the organ donation process. Through enhanced efficiency and safety, iTransplant® supports management of the increased activity that is resulting from the work of Give Life Alberta and the SEND Program. iTransplant® also provides a single robust source of data related to organ donation in Alberta.

Several harmonized leading practices have been adopted provincially or are in process, including but not limited to: strategic planning, hospital development, professional education, public education and awareness, community engagement, donation pathways, donor identification and referral, donor screening, website, iTransplant® donor management system, internal reporting, and external reporting. Work continues on evaluating several leading practice opportunities, including but not limited to working with medical examiners, approaching families for organ donation, approaching families for tissue donation, and facilitating organ and tissue donation following MAiD. Moving forward, the program continues to work with clinical leadership to prioritize additional leading practice and harmonization initiatives.

Give Life Alberta provides expertise and support to hospitals in maintaining compliance with Accreditation Canada standards for organ and tissue donation in Critical Care and Emergency Medicine.

Strategic Objective: Advocate for sufficient capacity to facilitate organ and tissue donation and transplantation as donation activity increases.

The program continued to collaborate on an operational resourcing plan for clinical programs anticipated to be impacted by increased organ and tissue donation rates. The program is also developing a long-term plan to enhance provincial tissue donation services.

Strategic Objective: Partner with operational leadership to implement continuous quality improvement initiatives.

The program is working with operational leadership to prioritize quality improvement initiatives within the donation programs. Site-based Donation Resource Teams are determining the most effective types of initiatives to be undertaken at each site.

Strategic Objective: Contribute to education, research and innovation through partnerships, participation, and in-kind contributions.

Being a clinical service, the mandate of Give Life Alberta related to education, research and innovation is primarily a supporting role. Give Life Alberta is working to communicate our role in this area to our professional stakeholders.

Members of the Give Life Alberta provincial office hosting public education booths at various locations across Alberta. *Photo supplied.*

‘Tissue donation can be life-saving’

Retired tissue bank director and former chief medical examiner reflects on career

After three decades as a medical examiner — including 18 years as Alberta’s chief medical examiner — Dr. Graeme Dowling shifted in 2015 from determining how a person died to overseeing how their tissue donations are preserved.

After serving as the medical director of the Comprehensive Tissue Centre (now Give Life Alberta Tissue Bank North) for nearly nine years, Dr. Dowling retired in 2024. In a recent interview, Dowling took a moment to share his insights and reflect on his unique career:

Q. You’ve had a career largely focused on death. How did you become interested in the subject?

A. I did pathology for a year during medical school…I spent one month with the then-chief medical examiner of Manitoba and that’s what started me.

For me, (forensic pathology) was a bit of a mystery — why had this person died? Even some violent deaths aren’t that obvious as to what happened. When I look back into my childhood, I realize that whenever I looked up a famous person — in those days we had encyclopedias — I always looked at the end of their history to see how they died. I don’t know why, but that’s what I did. [laughs]

Q: As a medical examiner, did you feel like you were doing a service to the families of those who died?

A: That to me was part of their coming to grips with a death that was often very tragic. All deaths are sad, but these were often much more than sad. You kiss your loved one goodbye in the morning and then get a call in the afternoon and they’re gone. I just thought that we helped a bit by helping families understand what happened.

Q: What interested you about the medical director role at the Comprehensive Tissue Centre (CTC)?

A: While I was serving as chief medical examiner — I don’t know how I had time for this — I became interested in tissue banking and the CTC. I somehow arranged with the deputy minister of justice to take half a day per week, go over to the CTC and sign out cases — ensuring that a donor is safe, that the tissues are safe — and giving medical release so they can be distributed.

There's a crossover between forensic pathology and being the medical director for tissue banking that a lot of people don't realize. Both are dealing with death and both include elements that forensic pathologists are very familiar with.

Q: During your nearly nine years at the CTC, what have you noticed about tissue donation awareness?

A: The majority of people know something about organ donation. But if you ask most people about tissues, they wouldn't really know what you're talking about.

Q: What would you like people to know about tissue donation?

A: Organ donation is crucial, it's very important, it saves lives. But there's a very limited number of people who can actually donate organs. They are people who have had some event that puts them into an intensive care unit, and they have been found to be what we call 'brain dead'. But with tissue donation, that's not the case. It's a person who dies at home, or in hospital, they're not in the ICU.

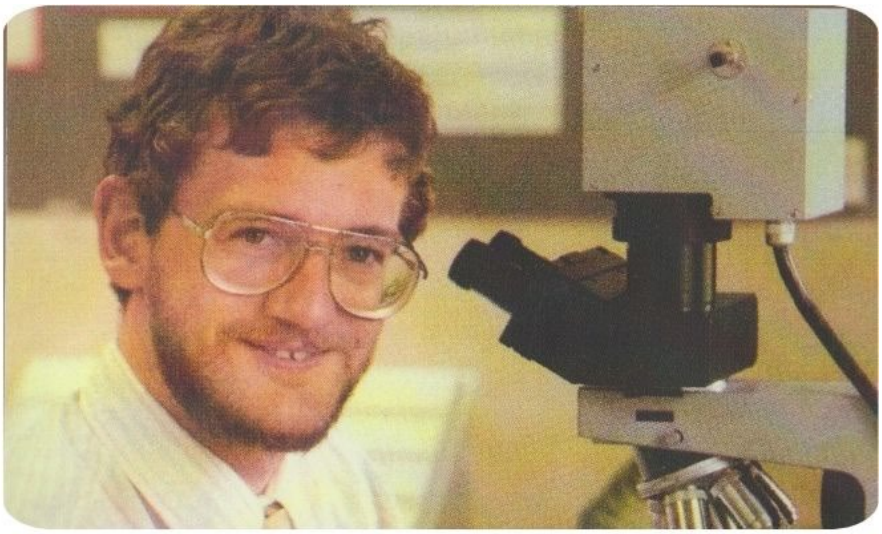
People say tissue donation is life-enhancing but not life-saving, and that's not true. One of the tissues that's recovered from donors is skin and it's used for the treatment of severe burns. That is life-saving. Also, heart valves can be recovered and transplanted — that, in many senses, is life-saving. Those valves work better and last longer than mechanical valves that are often used.

Q: You're obviously much more comfortable talking about death than the average person. Why do you think it's important that we talk about death and plan for our end of life?

A: I actually volunteer at Pilgrims Hospice. People go there to die as comfortably and as respectfully as possible. And that's helped me, even given the rest of my career, to understand that death is a part of our life. It's not a part we like to think about or plan for, but it is something we need to do.

Even (discussing) what type of service, what type of memories do I want after I'm gone. A part of that is knowing that you wanted to donate either tissue and/or organs and/or your body for medical education.

Those are all things that help a family — who is suddenly without you — know what you wanted.



Dr. Graeme Dowling (Top 1986, Bottom 2024). *Photos courtesy: Dr. Graeme Dowling and Su-Ling Goh*

Closing

Organ and tissue donation brings life from loss; one deceased organ donor can save up to eight lives, and a deceased tissue donor can save or dramatically improve the quality of life for up to 75 people. While we are incredibly grateful to our donors and their families for granting Alberta another record year for donations in 2024, there are still more than 500 people waiting for life-saving transplants in Alberta. Thirty-three people on the wait list died in 2024. Clearly, we have much more work to do, and the steps taken in the past year are a foundation for increasing access to–and options for–precious gifts of life across our province.

As our program evolves, we aim to improve public awareness to the point where Alberta families discuss their donation decisions around the dinner table, long before they are ever asked to consent to a loved one's donation. We will continue to support patients, families and healthcare providers in high-quality donation-related care, ensuring inclusion and cultural safety. We also strive to optimize both donation rates and system performance through ongoing assessments, provincial harmonization and promoting practices which minimize missed donation opportunities.

Our work towards building a strong culture of donation in Alberta continues in 2025. Eventually all Albertans will expect the opportunity to discuss organ and tissue donation as part of end-of-life care.

Contact Us

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Give Life Alberta team on Green Shirt Day 2024. *Photo courtesy: Matthew Martin*

Appendix I: Metrics

Organ Donation

Metric	2021	2022	2023	2024
Eligible for Deceased Organ Donation	286 [1]	265	366	342
Referred Eligible for Deceased Organ Donation	106 [1]	128	216	199
Deceased Organ Donors	68	97	103	111
Deceased Donors per Million Population [2]	15.3	21.5	22.0	22.7
Missed Donation Opportunities	24% [1]	19%	8%	8%
Consent Rate	38% [1]	48%	33%	38%
Living Organ Donors	79	74	72	74
Organ Transplants	404	491	474	470

Tissue Donation

Metric	2021	2022	2023	2024
Potential Deceased Tissue Donors [3]	-	-	-	6,235
Referred for Deceased Tissue Donation	985	868	1,081	1,097
Deceased Tissue Donors	232	181	198	239
Deceased Donors per Million Population [2]	52.4	40.1	42.3	48.9
Donor Screening Rate [3]	-	-	-	31%
Living Tissue Donors	47	28	33	36
Allografts Distributed	4,025	4,923	4,047	3,529

Alberta Organ and Tissue Donation Registry

Metric	2021	2022	2023	2024
Cumulative Registrations (n)	802,652	840,474	871,919	893,228
Alberta Adult Population	3,451,634	3,520,625	3,668,440	3,840,364
Cumulative Registrations (% population)	23%	24%	24%	23%

[1] Estimated from partial year data. Medical record review program commenced mid-2021.

[2] 2021-2023 differ from the 2023 annual report due to updated population estimates.

[3] Unavailable prior to provincial Connect Care electronic medical record implementation.

Data Definitions

Eligible for Deceased Organ Donation: Patients with established death by neurologic criteria, or patients with severe neurologic injury, who were mechanically ventilated and died within two hours of withdrawal of life-sustaining treatment and were determined through SEND Program medical record review to be eligible for organ donation. Patients undergoing MAiD are not included in this metric.

Referred Eligible for Deceased Organ Donation: Patients eligible for deceased organ donation who were referred to Give Life Alberta. Patients undergoing MAiD are not included in this metric.

Deceased Organ Donors: Consented organ donors from whom at least one organ was recovered with the intention to transplant. Donors following MAiD are included.

Deceased Donors per Million Population (Organ): Deceased Organ Donors divided by the total population of Alberta measured in millions. Population estimates are obtained from Statistics Canada as of July 1 of the reporting year. Slight discrepancies in Deceased Donors per Million Population figures reported by different agencies are due to varying population estimates and are immaterial.

Missed Donation Opportunities (Organ): Patients Eligible for Deceased Organ Donation whose families or substitute decision makers were not offered the option of organ donation and no referral was made to Give Life Alberta.

Consent Rate (Organ): The number of consents obtained for organ donation divided by the number of Referred Eligible for Deceased Organ Donation whose family/substitute decision-maker was approached for organ donation, or whose family/substitute decision-maker initiated an organ donation discussion with a healthcare professional.
(Give Life Alberta is currently unable to report this metric for tissue donation.)

Living Organ Donors: A consented living organ donor from whom an organ was recovered with the intention to transplant.

Organ Transplants: The number of transplant procedures performed. Multi-organ transplants were counted as one transplant (e.g., kidney/pancreas, multivisceral).

Potential Deceased Tissue Donors: Deaths in which no overt deferral criteria are present as reflected in patient age and ICD-10 diagnosis codes recorded in Connect Care electronic medical record. Not all potential donors are eligible donors.

(Note: It is not feasible to quantify the number of Eligible Deceased Tissue Donors, as the quantity of charts to review is prohibitively large.)

Referred for Deceased Tissue Donation: Patients that were referred to Give Life Alberta as potential deceased tissue donors.

Deceased Tissue Donors: Consented donors from whom at least one tissue was recovered with the intention to transplant.

Deceased Donors per Million Population (Tissue): Deceased Tissue Donors divided by the total population of Alberta measured in millions. Population estimates are obtained from Statistics Canada as of July 1 of the reporting year. Slight discrepancies in Deceased Donors per Million Population figures reported by different agencies are due to varying population estimates and are immaterial.

Donor Screening Rate (Tissue): The number deceased patients screened as potential tissue donors divided by the total number of deaths, as recorded in the AHS Connect Care electronic medical record.

Living Tissue Donors: A consented living tissue donor from whom a tissue was recovered with the intention to transplant. Live tissue donations in Alberta are limited to tissues removed during routine surgical procedures (e.g., femoral heads, placentas).

Allografts Distributed: Tissue allografts distributed with the intention to transplant.

Tissue: In all cases, tissue refers to both ocular and non-ocular tissues.

Cumulative Registrations (n): Total individuals registered as an organ and/or tissue donor in the Alberta Organ and Tissue Donation Registry on December 31 of the reporting year.

Alberta Adult Population: Alberta population over the age of 18 years obtained from the Government of Alberta Office of Statistics and Information.

Cumulative Registrations (% population): Cumulative Registrations (n) divided by Alberta Adult Population.