



ELECTRONIC SUPPLEMENTARY MATERIAL

Zavalkoff S *et al.*: Canadian organ donation organizations' donor audit processes: an environmental scan

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eAppendix 1 Electronic survey questions

We have launched this survey to hear directly from provincial organ donation organizations (ODO) about their **current** deceased donation data elements and potential donor audit (commonly known as death audit) processes.

We appreciate your participation.

Should you have any questions, please email Shauna O'Donnell at Shauna.Odonnell@mail.mcgill.ca

Demographic Data

Name of organ donation organization (ODO):

Click or tap here to enter text.

Province:

Click or tap here to enter text.

Name of person completing survey:

Click or tap here to enter text.

Position:

Click or tap here to enter text.

Email:

Click or tap here to enter text.

Telephone:

Click or tap here to enter text.

Please note this survey will often reference potential donor audits (PDAs), which are commonly known as death audits.

Please complete the table below for your provincial program's service area:

Hospital Criteria	Number	Are ALL these hospitals included in your potential donor audits?	If no, what proportion are included?
Total number of hospitals	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
Number of hospitals with ventilatory capacity	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
Provide donation after neurologic death (NDD)	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.
Provide donation after circulatory death (DCD)	Click or tap here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click or tap here to enter text.

Potential Donor Audits (PDAs)

1. Does your ODO perform potential donor audits (PDAs)?

Click or tap here to enter text.

2. a.) What year did your ODO begin performing potential donor audits (PDAs)?

Click or tap here to enter text.

b.) What is the frequency of your PDAs and what dictates this? E.g. monthly, quarterly, annually, etc.

Click or tap here to enter text.

3. For **your** ODO, what is the reason for performing potential donor audits?

Rank your top 3 reasons, in order of importance, where 1= most important and 3 = least important.

Click or tap here to enter text. To estimate deceased organ donor potential

Click or tap here to enter text. For a project (e.g. pilot, research)

Click or tap here to enter text. To assess system performance (provincial level)

Click or tap here to enter text. To assess system performance (hospital level)

Click or tap here to enter text. To assess ICU- specific performance

Click or tap here to enter text. To assess Health Care Professional -specific performance

Click or tap here to enter text. To inform strategic planning

Click or tap here to enter text. For quality improvement

Click or tap here to enter text. Other: Click or tap here to enter text.

4. Does your ODO have any Standard Operating Procedures (SOPs) related to conducting PDAs?

Yes

No

- a.) If NO, are there plans to develop a guideline or SOP?

Click or tap here to enter text.

b.) If YES:

- i. What has your ODO used to inform the development of its SOPs? Ex. published literature, local experts, etc.

Click or tap here to enter text.

- ii. How long has it been in use/endorsed?

Click or tap here to enter text.

- iii. Do you have a process for periodic updates?

Click or tap here to enter text.

Potential Donor Audit (PDA) Inclusions/Exclusions

5. Which of the following is/are included in your ODO's potential donor audits (PDAs)?

- Potential NDD organ donors
 Potential DCD organ donors
 Both potential NDD and DCD organ donors

6. Please list inclusion and exclusion criteria of **patients** included in your PDAs

a) Inclusion criteria:

Click or tap here to enter text.

b) Exclusion criteria:

Click or tap here to enter text.

7. Please list criteria/reasons for including a **hospital** in your PDAs:

Click or tap here to enter text.

8. a) What care areas, where they exist in a hospital, are included in your PDAs (select all that apply)

- Neonatal ICU
 PICU
 Neuro ICU
 Coronary/Cardiac Care Unit
 ICU- Adult
 High dependency unit
 ER
 Other:

- b) Does this vary depending on the hospital: Yes No

→ If yes, please explain:

Click or tap here to enter text.

9. a.) What timespan do your PDAs cover? E.g How many weeks or months are included

Click or tap here to enter text.

b.) Does this vary across hospitals?

Yes

No

i.) If yes, please explain:

Click or tap here to enter text.

10. Do you collect demographic data on missed potential donors (those not identified or referred) in the PDA?

Yes

No

a.) If yes, what demographic data is collected?

Click or tap here to enter text.

Definitions

11. Please provide the definitions for the following terms and the date they were operationalized in MM/YY format.

*Please note that all definitions refer exclusively to organ donation and **do not include tissue donation.***

TERMS	DATE OPERATIONALIZE D/UNKNOWN (MM/YY)	DEFINITION (please indicate if this data is not collected for any of these terms)
a. Potential donor	Click or tap here to enter text.	<input type="checkbox"/> Not collected Click or tap here to enter text.
b. Donation clinical triggers, if they are different than the definition of "potential donor"	Click or tap here to enter text.	<input type="checkbox"/> Same as above <input type="checkbox"/> Not collected Click or tap here to enter text.
c. Identified potential donor	Click or tap here to enter text.	<input type="checkbox"/> Not collected Click or tap here to enter text.
d. Referred potential donor	Click or tap here to enter text.	<input type="checkbox"/> Not collected Click or tap here to enter text.
e. Eligible potential donor	Click or tap here to enter text.	<input type="checkbox"/> Not collected Click or tap here to enter text.
f. Approached potential donor	Click or tap here to enter text.	<input type="checkbox"/> Not collected Click or tap here to enter text.
g. Missed referral	Click or tap here to enter text.	<input type="checkbox"/> Not collected Click or tap here to enter text.

TERMS	DATE OPERATIONALIZED/UNKNOWN (MM/YY)	DEFINITION (please indicate if this data is not collected for any of these terms)
h. Consented donors	Click or tap here to enter text.	<input type="checkbox"/> Not collected Click or tap here to enter text.
i. Non-utilized consented donors	Click or tap here to enter text.	<input type="checkbox"/> Not collected Click or tap here to enter text.

12. Define the following RATES (i.e. what is your calculation formula)

e.g. referral rate = number of potential donors referred/number of potential donors

RATE	CALCULATION
a. Identification rate	Click or tap here to enter text.
b. Missed identification rate (if different from missed referral rate)	Click or tap here to enter text.
c. Referral rate	Click or tap here to enter text.
d. Missed referral rate	Click or tap here to enter text.
e. Approach rate	Click or tap here to enter text.
f. Consent rate	Click or tap here to enter text.

Data

13. Please provide the total number for each category (DCD and NDD), based on the definitions you provided above- during the last 3 years.

a. **Potential donors** (including those who were and were not identified)

YEAR (mm/yy)- (mm/yy)	TOTAL NUMBER	DCD	NDD
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

b. **Identified** potential donors

YEAR (mm/yy)- (mm/yy)	TOTAL NUMBER	DCD	NDD
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

c. **Referred** potential donors

Same as above for identified potential donors (i.e. we consider donor identification and referral together as one step)

YEAR (mm/yy)- (mm/yy)	TOTAL NUMBER	DCD	NDD
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

d. **Eligible** potential donors

YEAR (mm/yy)- (mm/yy)	TOTAL NUMBER	DCD	NDD
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

e. **Eligible potential donors approached**

YEAR (mm/yy)- (mm/yy)	TOTAL NUMBER	DCD	NDD
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

f. **Consented donors**

YEAR (mm/yy)- (mm/yy)	TOTAL NUMBER	DCD	NDD
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

14. How do you conduct your PDAs? Check all that apply

- Electronic Medical Records (EMR)
- Paper charts
- Both paper and EMR combined
- Other (please specify): Click or tap here to enter text.

Costs/Resources

15. Please estimate the costs **of implementing** potential donor audits by your ODO. Please elaborate on what this includes (eg capital costs such as software).

Click or tap here to enter text.

16. Please estimate the **annual (recurring) costs of conducting** and supporting PDAs for your ODOs. Please elaborate what this includes.

Click or tap here to enter text.

Accountability/Reporting

17. Does your ODO differentiate NDD vs DCD in data reporting?

- Yes
- No
- We do not differentiate NDD vs DCD in our PDAs

18. Is reporting in compliance with any policy or legislation?

- Yes
- No

a.) If yes,

i.) Do you provide reports to specific entities in compliance with any policy or legislation

- Yes (please expand): [Click or tap here to enter text.](#)
- No

ii.) Is frequency of reporting in compliance with any policy or legislation

- Yes
- No

If no, what determines frequency? [Click or tap here to enter text.](#)

19. In what format is the data disseminated? Check all that apply.

Electronic

- Newsletter
- Blog
- Intranet
- Email

Paper

- Newsletter
- Stand-alone report

Other

- Other (please specify): [Click or tap here to enter text.](#)

20. With whom is data shared? Check all that apply.

- Provincial ministry of health
- Health authority
- Hospital board
- CEO
- ODO committee or quality/safety committee
- Hospital departments
- Health care professionals
- General public
- Other (specify)

Tissue Donation

21. Does your ODO audit tissue donation?

Yes

No

Thank you for taking the time to complete this survey.

eAppendix 2 Interview guide

Name of organ donation organization (ODO):

Province:

Name of interviewee:

Position:

Name of interviewer:

Date:

Time:

PART 2 POTENTIAL DONOR AUDIT (INTERVIEW) recorded for transcription purposes.

Outcome Reporting Questions

1. At what frequency do you report data? –check all that apply

fiscal year calendar year both – fiscal and calendar year Other

2. We will ask you to describe how you report outcomes (reporting ↑):

a. Data sharing Q 20: Expand if “other” is chosen in survey

3. If Q 20= data sharing with hospital departments.

We will ask you to describe the feedback process of PDA (death audit) reports

a. (reporting ↓)How do you provide feedback to departments that have been audited?. (eg paper, electronically, in person- eg presentation at rounds).

b. Do you provide individualized feedback to physician(s) involved in missed donation opportunities discovered through your potential donor audits?

→If yes, How?(Setting? in person, coded list, report)

→If YES, Frequency please describe the frequency

→If YES, timeliness (immediately after audit or is there a significant delay?).

3. What is the estimated time between potential donor audits data reporting?

4. Can ODO members and/or affiliates query the ODO for more in-depth data for internal use ie. Hospital data if aggregate data only is reported?

→ If yes

What is the mechanism? (request for information, intranet)

Data collection

1. What non-human resources do you use to collect data. Ex. IT support, paper, other tools.

a. How would you describe your level of automation? E.g Do you document your audit electronically or in hard copy or both

b. Is your electronic audit documentation part of a purchased donor management system or is it a custom system?

c. If you purchased a donation management system please identify

2. How did you decide on what variables to collect for your PDAs?

a. has this evolved over time?

b. what has informed it? (Literature, other ODO practices?)

3. How long does a PDA take to perform? (by hospital by ??)

4. Does your ODO have any data validation processes? If so, please elaborate (2 independent reviewers, level of automation).

5. If there an adjudication process? Eg. 2 independent coordinators auditing and there is a disagreement?

6. During potential donor audits, patient -level data is being collected. How is privacy managed?

a. Are there any privacy issues? (additional permissions, ethics approval?)

b. Do privacy issues impact the audit? In which way, please elaborate.

Resources and Training

1. At your ODO, are there dedicated personnel assigned to performing potential donor audits? Y/N

b. What is their background or experience?

a. Are they full time or part time?

b. Please provide estimates in hours' time to perform a donor audit.

2. For staff performing potential donor audits, how are they trained ?

a. How are they trained? → discuss training materials that were requested

b. How long does it take to fully train personnel to perform a PDA?

Wrap up

Interviewer will review table of existing ODO procedures for each ODO from previous environmental scan.

Any changes in the last 5 years? See if list of hospitals has changed?

Is there anything else you would like us to know about?

Thank you for your time!

eAppendix 3 Donor definition, GIVE, metrics calculations

Abbreviations:

SK-DP	Donation Program, Saskatchewan Health Authority
NL-OPEN	The Organ Procurement Exchange of Newfoundland & Labrador
BCT	BC Transplant
MB-GL	Transplant Manitoba - Gift of Life
PEI	Organ & Tissue Donation PEI
NS-LL	Legacy of Life: Nova Scotia Organ and Tissue Donation Program
AB-SAOTDP	Southern Alberta Organ and Tissue Donation Program
QC	Transplant Québec
NBOTP	NB Organ and Tissue Donation Program – Horizon Health Network
AB-HOPE	Alberta Human Organ Procurement and Exchange Program (HOPE)
TGLN	Ontario Health (Trillium Gift of Life Network)
RN	Routine notification
NDD	Neurological determination of death
DCD	Circulatory determination of death
NOK	Next of kin
ODO	Organ donation organization
OR	Operating room
SDM	Substitute decision maker
MAiD	Medical assistance in dying
HCP	Healthcare practitioner
GCS	Glasgow coma scale
WLST	Withdrawal of life sustaining therapies

Potential Donor

Source	Definitions
SK-DP	Any patient who meets GIVE. GIVE criteria (Curtis & Ramsden 2012): <ul style="list-style-type: none"> • G: GCS of 5 or less • I: intubated • V: ventilated • E: end of life care/discussion
NL-OPEN	Death within 120 minutes of removal of positive pressure ventilation AND meets GIVE criteria since 2017. Year 2016 was based on patients declared NDD, <u>GCS</u> ≤5T <u>I</u> ntubated <u>V</u> entilated <u>E</u> nd of life discussion
BCT	A person with an irreversible injury whom is mechanically ventilated at or near their time of death.

MB-GL	<p>A patient must be ventilator dependent and meet the following:</p> <ul style="list-style-type: none"> • A medical team plan on meeting with family to discuss withdrawal of life sustaining therapies (WLST); and/ or • A physician has determined neurologic insult and decline in a patient who will likely progress to brain death. Persons who meet required notification criteria and have no contraindications to donation. Routine Notification was introduced in 2015.
PEI	<p>Patients who meet the inclusion criteria from the Canadian Institute for Health Information report titled Deceased Organ Donor Potential in Canada (December 2014). Patients who do not have any of the exclusion criteria from the report.</p>
NS-LL	<p>A person that meets the GIVE criteria and there is no evidence of contraindications that would preclude donation.</p> <p>G = grave prognosis I = injured brain or non-recoverable illness or injury V = ventilated E = end of life care discussion planned or has occurred</p>
AB-SAOTDP	<p>NDD donors if all of the following criteria were met:</p> <ol style="list-style-type: none"> 1) the last documented neurologic examination showed no eye opening or motor response to noxious stimulation; 2) all documented brainstem reflexes including respiration were absent; 3) there was no documentation in the medical record that the possibility of neurologic death had been considered and the family had, in turn, been approached regarding donation; <p>Potential DCD donors if:</p> <ol style="list-style-type: none"> 1) they were less than 70 years old (older patients can be NDD, but not DCD donors in most parts of Canada); 2) the last documented examination was inconsistent with neurologic death based on preservation of a motor response to noxious stimulation or presence of brainstem reflexes; 3) death occurred within two hours of WLST; and for both DCD and NDD there was no overt contraindication to donation.
AB-HOPE	No definition provided.
QC	<p>A person of any age.</p> <ol style="list-style-type: none"> 1. Has experienced a severe neurological insult (post-resuscitation, cerebral anoxia, cerebral vascular accident, cerebral haemorrhage, encephalopathy, traumatic brain injury, GCS < 5) OR a severe injury or illness (e.g., respiratory and heart terminal failure). 2. Consideration of WLST. Requires invasive and noninvasive mechanical ventilation.
NBOTP	No definition provided.
TGLN	<p>A deceased patient who has been identified as having organ donation potential. This determination is made after review of the medical record - use the same definition as “referred potential donor”.</p> <p>For <u>ventilated patients</u>: must meet any of the following referral indicators for <i>high risk of imminent death</i>: GIFT</p> <ol style="list-style-type: none"> 1. G: grave prognosis or GCS = 3 2. I: injured brain or non-recoverable injury/illness 3. F: family initiated donation discussion/WLST

4. T: therapy-limited, de-escalation of case, or WLST discussion planned
 For non-ventilated patients: must meet any of the following referral indicators:
1. Therapy-limited, de-escalation of care, or WLST discussion planned
 2. Planned palliation or admission to a palliative care unit
 3. At time of death (within one hour)

Identified Potential Donor

Source	Definition
SK-DP	No definition provided.
NL-OPEN	Captured in referral data base. Reports can be run on selected data such as missed referral based on GIVE.
BCT	A potential donor who was not referred to the ODO (identified through death record reviews)
MB-GL	No definition provided.
PEI	A potential donor who was documented in the chart as being a potential organ donor.
NS-LL	Since 2017 a re-examination has occurred of the approach to death chart audits, numerators, and denominators to align with national best practices. However, standardization in critical care and emergency departments that reflect accurate referral triggers (Grave prognosis or GCS criteria less than or equal to 5T, Injured brain or non-recoverable illness, Ventilated and End of life discussion to withdraw life-sustaining therapy has been held or is planned) has not yet occurred. Therefore, referral rate and missed referral cannot be confidently identified at this time.
AB-SAOTDP	Same as Potential Donor definition
QC	Patient who meets potential donor criteria and is identified by the care team.
NBOTP	No definition provided.
AB-HOPE	No definition provided.
TGLN	No definition provided.

Referred Potential Donor

Source	Definition
SK-DP	Any patient referred to program that meets GIVE criteria.
NL-OPEN	Every call.
BCT	A potential donor who was referred to the ODO.
MB-GL	Referred patients based on routine notification criteria. We call this RN. Note: not all are potential donors, so "potential donor not used in the naming".
PEI	A potential donor who was referred to the Nova Scotia Critical Care Organ Donor Coordinators or the New Brunswick Organ Donor Coordinators as noted in the patient chart.
NS-LL	Referred means a consultation occurred with Critical Care Organ Donation regarding a patient who met the GIVE criteria.
AB-SAOTDP	Same as "Potential Donor".
QC	Patient répondant aux critères d'identification identifié par l'équipe de soins et référé à Transplant Québec. (Patient meeting the identification criteria identified by the care team and referred to Transplant Quebec.)

NBOTP	No definition provided.
AB-HOPE	No definition provided.
TGLN	<p>A patient who was referred and met the following:</p> <ul style="list-style-type: none"> • Confirmed NDD eligible death: one formal documentation of neurologically determined death. • Suspected NDD eligible death: patients ventilated within 2 hours of death, no brain stem reflexes documented. <p>We call this a referred case of interest. We can also run this for eligible potential donor (referred potential eligible donor). Both includes actual NDD and DCD donors as well.</p>

Eligible Potential donor

Source	Definition
SK-DP	Medically suitable, meets GIVE, approved by donor physician.
NL-OPEN	Number of cases with organ donation potential, obtained by subtracting all exclusions from probable cases.
BCT	A referred potential donor who is suitable for a consent discussion (to be approached for organ donation).
MB-GL	A referred potential donor who is suitable to be approached for organ donation.
PEI	A potential donor who was deemed eligible by the organ donor coordinators as noted in the patient chart.
NS-LL	<p>A referred potential donor who is determined to be medically suitable to proceed with donation.</p> <p>Further categorized as: NDD - no evidence of brain activity; declared or not declared. DCD - age less than or equal to 65.</p>
AB-SAOTDP	Same as "Potential Donor".
QC	Patient répondant aux critères d'identification et qui est admissible médicalement. (Patient who meets the identification criteria and is medically eligible.)
NBOTP	No definition provided.
AB-HOPE	No definition provided.
TGLN	<p>We call this potential eligible donor. Patients that have not been ruled out by TGLN and meet the following:</p> <ol style="list-style-type: none"> 1. Confirmed NDD eligible death - one formal documentation of neurologically determined death. 2. Suspected NDD eligible death - patients ventilated within 2 hours of death. No brain stem reflexes documented. <p>Note: all eligible deaths are considered medically suitable on deceased record review. Patients with records demonstrating prematurity, rabies and cancer, or patients who died on vent when actively treating or resuscitating (unable to maintain) are also excluded. Includes actual donors - NDD and DCD.</p>

Approached Eligible Donor

Source	Definition
SK-DP	Medically suitable, meets GIVE, approved donor physician and approached about donation option.

NL-OPEN	Historically, a donor who was approached by any staff/ physician. As of 2019, approached eligible donors are only counted when declared they are NDD and approached by an ODO coordinator/donation physician about donation (rather than any physician staff).
BCT	An eligible donor who is approached for donation (a consent discussion is held).
MB-GL	An eligible donor who is approached for donation.
PEI	A discussion was held with the family of the potential donor and a physician and/or nurse, as noted in the patient chart.
NS-LL	An eligible donor (referred potential donor) who is approached for donation (a consent discussion is held).* <i>*This definition does not capture any approaches that were made to un-referred potential donors. At this time documentation of approaches pre-referral is not standard practice.</i>
AB-SAOTDP	Same as "Potential Donor".
QC	Patient répondant aux critères d'identification, identifié par l'équipe de soins pour qui une offre de l'option du don d'organes à été faite à sa famille. (Patient meeting the identification criteria, identified by the care team for whom an offer of the option of organ donation was made to his family.)
NBOTP	No definition provided.
AB-HOPE	No definition provided.
TGLN	Called an approached potential donor. All cases referred and approached for organ donation which includes: TGLN approaches, collaborative approaches, TGLN-directed approaches by HCPs, or hospital staff approaches. We can do this by case of interest (smaller pool) or by potential eligible donor (even smaller pool). Includes actual NDD and DCD donors.

Missed Referral

Source	Definition
SK-DP	Patient who met GIVE, but referral not received.
NL-OPEN	Patients who meet GIVE criteria but not referred. In effect since 2017.
BCT	A potential or eligible donor whom was not approached and referral not called into ODO.
MB-GL	A potential donor who is not referred to the ODO.
PEI	A potential donor who was not referred to the organ donor coordinators in Nova Scotia or New Brunswick.
NS-LL	A potential organ donor (meets GIVE and no evidence of contraindications) that was not referred to Critical Care Organ Donation.
AB-SAOTDP	Patient died in hospital, was clinically eligible to be an organ donor but there was no documentation that family was approached regarding organ donation.
QC	All donors who met criteria for identification by TQ algorithm who were not referred to TQ.
NBOTP	No definition provided.
AB-HOPE	No definition provided.
TGLN	A patient who died within 2 hours of extubation and was not referred pre-extubation to TGLN and was not ruled out by exclusion criteria.

Consented Donor

Source	Definition
SK-DP	Potential donor where consent is obtained.
NL-OPEN	Cases from whom consent was obtained by an ODO coordinator.
BCT	A person for whom consent was obtained for organ donation.
MB-GL	A person for whom consent was obtained for organ donation.
PEI	No definition provided.
NS-LL	An eligible donor (person) for whom consent was obtained for organ donation.
AB-SAOTDP	Same as "Potential Donor".
QC	A patient who is a potential donor who has given consent to proceed through the donation process, usually by their SDMs or by themselves in the case of MAiD. Consented donors do not always become actual donors either through discovered medical exclusion or through inability to recover organs (e.g., no compatible recipient on the waitlist).
NBOTP	An eligible donor for whom consent for donation was obtained through known approaches.
AB-HOPE	No definition provided.
TGLN	Consented case (NDD or DCD) where the patient went to the OR and an organ was recovered and transplanted.

Non-Utilized Consented Donor

Source	Definition
SK-DP	Patient who has consented to donation but does not proceed to donation.
NL-OPEN	No official definition but report generated if donor consented but could not place any organs.
BCT	A patient whose family/NOK has been approached and met with ODO representative and signed a formal legal consent for organ donation, but did no organs were transplanted into a recipient (i.e., DCD that did not pass in time, deemed medically unsuitable after work up, became unstable, family changed mind, organs declined in OR).
MB-GL	A consented donor who did not donate an organ.
PEI	No definition provided.
NS-LL	A consented donor whose organs were not recovered or were recovered but not able to be transplanted.
AB-SAOTDP	Confirmed NDD and consent obtained for organ donation, but cardiac arrest prior to organ procurement.
QC	Cancelled donation where the date and time of the donation pathway is initialized; however, organ procurement is cancelled due to medical reasons.
NBOTP	No definition provided.
AB-HOPE	No definition provided.
TGLN	We term this consented not recovered or recovered not transplanted.

GIVE Definitions

	SK-DP	NL-OPEN	NS-LL	TGLN*	BCT
G	GCS of 5 or less	GCS ≤5T	Grave prognosis	GCS = 3	Grave prognosis
I	Intubated	Intubated	Injured brain or non-recoverable illness or injury	Injured brain or non-recoverable injury/illness	Intention to move towards comfort care
V (F)	Ventilated	Ventilated	Ventilated	Family initiated donation discussion/WLST	Ventilated
E (T)	End of life care/discussion	End of life discussion	End of life care discussion planned or has occurred	Therapy-limited, de-escalation of case, or WLST discussion planned	Eligibility and registration check with BCT prior to family meeting

*TGLN uses GIFT instead of GIVE

Rate Calculations

Identification rate	Missed Identification rate	Referral rate	Missed referral rate	Approach rate	Consent rate
None provided	None provided	Number of referrals who met GIVE criteria ÷ Number of patients who met GIVE criteria	Number of patients who we did not receive a referral who met GIVE criteria ÷ Number of patients who met GIVE criteria	Approached potential donor ÷ Eligible potential donors	Consented donors ÷ Approached potential donor
Number of referrals who meet GIVE criteria ÷ Number of deaths that meet GIVE criteria	None provided	Numbers of all referrals to the donor program	Number of deaths that occurred if GIVE criteria was met and no referral received	Number approached by an ODO coordinator after declaration	Number of those consented to donation after NDD declared and approached by ODO
None provided	None provided	None provided	None provided	None provided	None provided
None provided	None provided	Referrals of patients meeting trigger criteria ÷ Total patients meeting trigger criteria	Missed referrals of patients meeting trigger criteria ÷ Total patients meeting trigger criteria	Approached eligible donors ÷ Total eligible donors	Consented donors ÷ Approached eligible donors
Number of identified potential donors ÷ Number of potential donors	None provided	Number of potential donors referred ÷ Number of potential donors	None provided	Number of family approaches made ÷ Number of potential donors	None provided
None provided	None provided	None provided	None provided	None provided	Number of consented donors ÷ Number of referred eligible donors
Identified potential donors ÷ Potential donors	Missed potential donors ÷ Potential donors	None provided	None provided	Approached potential donors ÷ Potential donors	Consented potential donors ÷

					Approached potential donors
(Number of identified potential donors ÷ number of potential donors) x 100 = %	None provided	(Number of referred potential donors ÷ Number of identified potential donors) x 100%	None provided	None provided	(Number who consent to donation ÷ Number of families approached) x 100%
Number or potential donors identified ÷ Number of potential donors total	None provided	Number of potential donors referred ÷ Number of potential donors identified	None provided	None provided	Number of consents for donation ÷ Number of family approaches
None provided	None provided	None provided	None provided	None provided	None provided
None provided	None provided	Number of referred vented patients ÷ patients who were referred and met the following: 1. Confirmed NDD eligible death with one formal documentation of NDD OR 2. Suspected NDD eligible death. Patients ventilated within 2 hours of death. No brain stem reflexes documented.	None provided	Number of approached patients ÷ patients who was referred and met the following: 1. Confirmed NDD eligible death with one formal documentation of NDD 2. Suspected NDD eligible death patients ventilated within 2 hours of death, no brain stem reflexes documented.	Number of consented cases ÷ Number of approached cases