

BRITISH COLUMBIA TRANSPLANT SOCIETY & RESEARCH INSTITUTE STRATEGIC PLAN



August 2007





August 24, 2007

This plan is an expression of the British Columbia Transplant Society's (BCTS) mission, role and strategy in meeting patient care needs for the future. It will be used to guide the development of our Annual Operating Plan (AOP) which, in turn, will guide the development of each individual workplan (objectives) for all BCTS staff.

The strategic plan is expected to provide long-term (three to five year) direction to our activities and clearly delineate our role in PHSA, BC health care and the transplant community. BCTS is a leader in the development of standards, policy and quality for organ donation and transplantation nationally and internationally and, through development of new knowledge (research) and its application, we fully intend that this leadership role will continue. The strategic action items contained in this plan have been updated to reflect current priorities.

Key to the achievement of this strategic plan will be strong support of the Provincial Health Services Authority and the Ministry of Health in these areas:

1. Introducing best practices to BC hospitals to support and facilitate organ donation.
2. Anticipated (new) accreditation standards from Canadian Council on Health Services Accreditation (CCHSA).
3. Technical and hardware/software support for a cost-effective clinical information system which will meet the new Canadian Standards Association (CSA) standards mandated by Health Canada.
4. Funding for additional living donor kidney transplants (i.e., allied staffing support) for assessment of living donors; and
5. Funding for additional life support (i.e., immunosuppressive medication for transplanted patients).

Bill Barrable
Provincial Executive Director

TABLE OF CONTENTS

The BC Transplant Society – Who We Are and What We Do	1
Looking Forward: Opportunities & Pressures.....	6
Our Strategic Directions	10
• Increase Availability of Organs for Donation	10
• Enhance Access to Transplants	11
• Ensure the Safety of Cells & Organs.....	12
Strategic Goals and Action Items	13
• Increase the Availability of Organs for Donation	13
• Enhance Access to Transplants	13
• Ensure the Safety of Cells and Organs	14
Implementing our Strategy	15

BCTS – Who We Are and What We Do

Vision

We will be international leaders in evidence-based clinical care, organ and cell donation, transplantation and research. Our patients and their families will receive timely and equitable access to services for an improved quality of life.

The British Columbia Transplant Society (BCTS) and Research Institute, an agency of the Provincial Health Services Authority, was established in 1986. With funding primarily through the BC Ministry of Health, the BCTS leads, directs and coordinates organ retrieval and transplant services across BC. The BC Transplant Society's Foundation helps to support transplant research ranging from basic science to organ donation and ethics and is an officially recognized charitable organization.

The BCTS contracts for inpatient and outpatient transplant services from three transplant hospitals and operates seven regional clinics throughout BC for outpatient care.

The transplant centres include:

- Vancouver General Hospital
- St. Paul's Hospital
- BC Children's Hospital

The seven regional clinics include:

- Royal Jubilee Hospital (Victoria)
- Royal Inland Hospital (Kamloops)
- Kelowna General Hospital
- Penticton Regional Hospital
- Prince George Regional Hospital
- Kootenay Boundary Regional Hospital (Trail)
- Fraser Valley Transplant Clinic (Surrey)

The BC Transplant Society is a multi-disciplinary organization responsible for providing organ, and cell transplant services and follow-up care to patients. BCTS brings together the activities of the Ministry of Health, universities, health authorities, hospitals, voluntary organ foundations, and the health-care professionals of the province to deliver:

- Patient care with flexibility to develop *alternative practice patterns*.
- *A focused response to health-care management* in the field of organ failure and cell and organ transplantation.
- A formal system of *quality improvement and program evaluation* with the ultimate goal of:
 - *Improved patient health* – Improved clinical outcomes (such as graft survival), patient survival rates, patient satisfaction and quality of patients' lives is achieved through the value added “virtual integration” of patient services.
 - *Cost efficient care* – Unnecessary costs are avoided by reducing health-care costs generated by providers

Mission

The BC Transplant Society leads, directs and coordinates activities relating to organ and cell donation, transplantation and research throughout British Columbia, ensuring adherence to national standards of quality and efficient management. The BCTS provides high quality care to patients and their families who meet the suitability and eligibility criteria for all phases of organ donation and transplantation services in BC.

Transparency

We commit to ensuring clear procedures for public decision-making, open channels of communication with stakeholders and making a wide range of information accessible. We believe in being accountable to key stakeholders - our patients and families.

and hospitalization. Termed as “event-driven cost avoidance”, examples include shortening the length of stay with new drugs and advanced surgical techniques, such as laparoscopic nephrectomy.

- *Health status improvement* – Improvements in the health status of the transplant patient group are achieved through population-based tools (i.e. epidemiology) to direct attention on high-risk individuals and allocate resources accordingly. The BCTS provides ongoing monitoring and advocacy of trends in organ failure and transplantation to this end.

What we do

The BC Transplant Society leads, directs and coordinates all activities relating to organ donation and transplantation throughout BC, ensuring high standards of quality and efficient management. It does so by managing resources for optimal patient outcomes. Specifically, the BCTS is involved in the following five overarching service areas:

1. Coordinating organ and cell donation, procurement and transplant
 - Capture the flow of patients through the health-care system.
 - Deceased donor organ assessment: assessing potential donors for organ and cell donation and procurement. Information stored in a Clinical Information System (CIS) database.
 - Pre-transplant assessment programs:
 - Deceased donor organ recipient assessment - liver, heart, lung, heart/lung, kidney, kidney/pancreas and pancreatic islet
 - Living donor assessment - assessing potential donors for living donor kidney and liver transplantation.
 - Post-transplant care: includes 10 post-transplant clinics situated throughout the province that provide a wide range of services including medical management, nursing care, education and support, nutritional counselling, immunosuppressant monitoring and pharmacy.
2. Delivering public and professional awareness and education programs
 - The BCTS collaborates with hospitals for professional development.
 - Provincial and national marketing program led by BCTS Communications Department to market organ donation.
 - The BCTS leads government relations both at the provincial and federal level.
3. Managing and operating the Provincial Organ Donor Registry, which is required by law through the Human Tissue Gift Act.
 - Web access to ODR for health-care providers.
4. Developing/implementing policies, national standards, and clinical guidelines for transplant-related activities.
5. Conducting and promoting research into organ and cell donation, transplantation (including new techniques), immunology, living anonymous donors, new pharmaceuticals and ethical issues:
 - BC Transplant Foundation works in partnership with Michael Smith Foundation for Health Research to fund quality, peer-reviewed transplant research.

6. Developing and updating a centralized information system to collect, monitor and analyze clinical and management information to enhance the decision making capacity of the BCTS:
 - Transplant wait list management

Who we serve

The BCTS provides education and awareness to the entire BC population of approximately 4.1 million. The social marketing program supporting the ODR and other donor pool options optimizes the ongoing deceased donor supply in BC, as well as supporting public education initiatives around new innovations in living donation, laparoscopic procedures and pancreatic islet cell opportunities.

By means of a combination of educational initiatives targeted at critical care allied health-care professionals and on-going support to clinicians, the BCTS strives to ensure the opportunity to save lives through deceased organ donation is offered to families in every appropriate situation. When donation does occur, the BCTS Donor Family Support Program serves the needs of those left to grieve for a one-year period after the donation. Donor families often stay in contact for many years. The populations served by transplant services (pre-assessment; transplant; follow-up) are individuals who receive a transplant or who are living donors. The following table provides an overview of number of transplants, and number of people awaiting a transplant by organ. Between 1990 and 2004, the number of in-hospital deaths resulting from motor vehicle accident and cerebral vascular accidents (i.e., stroke) - two types of deaths that largely lead to potential donation - has decreased from 635 to 325. As a result, the number of deceased donors has decreased in relation to this, placing added pressure on BCTS to meet the needs of patients requiring transplant.

	Kidney		Pancreas-Kidney		Pancreas		Pancreas Islet		Heart		Lung		Liver		Total	
	Transplanted	Waiting	Transplanted	Waiting	Transplanted	Waiting	Transplanted	Waiting	Transplanted	Waiting	Transplanted	Waiting	Transplanted	Waiting	Transplanted	Waiting
2003	131	324	5	15	1	1	15	9	18	10	6	17	35	30	211	406
2004	131	272	6	9	2	6	13	13	14	15	10	14	36	23	212	352
2005	115	284	3	7	2	5	11	12	16	4	10	9	34	26	191	347
2006	164	247	3	5	3	4	13	15	16	9	11	13	35	28	246	321

Data based on calendar year

Forecasted Demand for Transplantation (2004-2009)

There are currently more people waiting for transplants than the number of organs available. As the population ages and experiences more co-morbid diseases and as fewer deaths result in organ procurement, there is a greater demand on a decreasing supply of organs.

Sites operated by BC Transplant Society

- Pre-transplant assessment, retrieval, clinical trials, communications, and centralized data management (main office, Vancouver)
- Fraser Valley outpatient clinic (Surrey) – liver and kidney

Sites operated by partner institutions under service agreements

- Perioperative services & outpatient clinics: St Paul's Hospital, Vancouver Hospital, and BC Children's Hospital
- Regional outpatient clinic network for post-transplant care: Royal Jubilee Hospital (Victoria), Royal Inland Hospital (Kamloops), Kelowna General Hospital, Prince George Regional Hospital, Penticton Regional Hospital, Kootenay Boundary Regional Hospital and (Trail).

Research

In order to meet its vision of ensuring transplant patients and families an improved quality of life, the BCTS formally established the BC Transplant Research Institute in January 2001. The Institute is a hybrid organization with two aims: research-related activities directly associated with BCTS-appointed research scientists; and those activities of its partners that are planned, supported and facilitated by the Institute (i.e., research under the operational control of the hospitals, universities, or other community organizations).

A key objective of the BC Transplant Research Institute has been in partnering with provincial universities, teaching hospitals, research foundations, and other organizations involved in organ transplantation research in the province. The institute leads, organizes, and acts as an advocate for transplantation research in the province.

This close relationship with key partners allows for a cohesive body of researchers while maintaining their operational independence. This helps to maximize productivity and collaboration, and assist transplant researchers in competing effectively for external funding.

Initiative and brief overview of possible involvement of BC Transplant Foundation:

The goal of regenerative medicine can be defined as the attempt to stimulate the renewal of bodily tissues or the restoration of function through the use of natural or bioengineered materials. Regenerative medicine could thus prove extremely beneficial for the treatment of tissue injury and degenerative diseases, taking advantage of recent advances in stem cell technologies, tissue engineered organs, transplantation, nanotechnology and imaging. The application of nanotechnology - materials, tools, techniques, devices based on the nanometer length scale - is included in this definition of regenerative medicine.

How we connect with other parts of the BC health system and the Provincial Health Services Authority (PHSA)

In order to fulfill its role of provincially facilitating donation, transplantation and research activities, the BCTS has partnerships to:

- Promote organ donation awareness and registration.
- Deliver high quality transplants.
- Identify and recover organs from donors.
- Promote research into organ donation and transplantation.

In order to satisfy its mission and vision, the BCTS has partnerships with the following:

- BC teaching hospitals/transplant centres: Vancouver General Hospital; St. Paul's Hospital and BC Children's Hospital
- University of BC – affiliated for teaching and research
- Eye Bank of British Columbia

- Organ foundations (lung, diabetes, liver, lung, kidney, heart)
- All hospitals in BC with ventilators (approximately 40 hospitals)
- Provincial Renal Agency
- Cardiac Services
- The Michael Smith Foundation for Health Research
- PHSA (including partnerships with specific agencies)
- Transplant agencies in other provinces
- Pharmacies
- Pharmaceutical companies (Roche, Astellas, Wyeth, Novartis) - to help serve the conduct of clinical trials in drug therapies for patients; support for organ donor awareness campaigns
- Canadian Blood Services (donation clinics)
- Private sector partners to promote donation (ICBC, London Drugs, Overwaitea and Save-on Foods, Medical Services Plan (MSP))

Looking Forward: Opportunities and Pressures

External influences

External influences are those that are outside the control of the BCTS. External influences have far-reaching and significant impacts on how the BCTS facilitates and delivers services. It is important to understand these influences in order to frame the strategic directions the BCTS will undertake in order to mitigate these external impacts.

Pressures

Socio-demographic

- Increased demand for organs needed due to an aging population. As more people are living longer and the median age of the population is increasing there is a greater demand on a limited supply of organs.
- Continued decline in (in-hospital) mortality from head trauma means a smaller deceased donor organ pool.
- Ongoing increased organ donation registration is difficult. The challenge surrounds aligning peoples' behaviours with their attitudinal beliefs. Eighty-five per cent of British Columbians believe in organ donation but only 16 per cent have registered their decision. Breaking through the clutter of other social marketing and developing a program that addresses BC's diverse cultural needs and sensitivities is essential.
- Relatively small patient numbers, necessary surgical manpower, and funding mitigate against establishing a full range of extra-renal (lungs, livers, hearts) pediatric transplant programs in BC.
- Decreased supply of deceased donor organs due to declining mortality rates for causes of death that can lead to brain death directly (i.e. motor vehicle accidents and cerebrovascular death). Increased safety legislation and technological advances has led to a decrease in mortality rates. To this end there is a smaller supply of organs available from deceased donors.

Technological

- The BCTS Transplant and Donor Information Systems (TADIS) is 19 years old and in serious need of enhancement or replacement. It requires urgent support from PHSA IMIT.

Policy/Legislative

- Compliance to Universal Referral legislation by the BC hospitals. This will result in increased transparency and accountability, and ultimately in better patient outcomes.
- Attitudes towards organ donation and transplantation – there is a lack of willingness by some external parties to work with the BCTS to support organ donation. This creates an additional burden on the BCTS to ensure the best interest of the patients is at the forefront of service delivery.
- New CSA and Health Canada standards – i.e. new standards for organs, tissues and cells – have been passed. The BCTS is mandated to adhere to CSA standards, and it will strive to exceed these standards. This presents a challenge as the Society works to change its policies and practices to this end. IMIT, as it relates to standards – having the technological capability to meet the standards – needs to be a priority in order to meet Health Canada timelines.

- Canadian Council on Health Services Accreditation (CCHSA) has approved a plan to develop standards for organ donation and transplantation. All acute care hospitals will be required to meet these standards. Hospitals will turn to BCTS for assistance and preparation in meeting new standards.

Financial/Economic

- Scarce nephrology (physician) and allied staff to complete timely pre-transplant assessments.
- Funding for living donor transplants (medical and allied staff).
- Funding for immunosuppressant drugs (life support). Without funding for immunosuppressant drugs patient outcomes suffer. The BCTS needs the financial support to ensure that patients receive the proper treatment in order to enhance their quality of life.
- In the environment of competing cost pressure funding: who pays for salary increases in a non-contract environment such as BCTS? What is the impact on services to live with the current funding? This presents a challenge in recruiting and retaining qualified staff in highly specialized areas. Without adequate human capital it becomes very difficult to maintain and enhance services necessary to achieve desirable patient outcomes.

Research

- Research for stem cell transplantation and pancreatic islet cells. Stem cell transplantation brings with it ethical considerations which will present the BCTS with additional challenges in conducting the necessary research.
- Potential for increased support for donation and transplantation.

Diseases

- Fewer organs are available due to the increasing co-morbid diseases apparent in potential donors. As more patients suffer from increasingly complex and interrelated diseases there is an increase in demand for organs that is further complicated by a decreased supply of available healthy organs.
- All donors must be tested for diseases and viruses (i.e., HIV, West Nile Virus). While necessary to provide the best patient care, this creates an additional cost to the BCTS.
- More referrals are coming to the BCTS from patients with diabetes and hepatitis. Increasingly sicker patients are often not being referred soon enough. Patients need to be screened to delay the onset of disease (i.e., diabetes).

The BCTS will need to be forward thinking as it moves ahead with strategies to mitigate the challenges associated with donation and transplantation. In order to narrow the gap between an increasing demand and a decreasing supply of organs, the BCTS will need to look ahead to alternative donation sources such as living donors and living anonymous donors and to less invasive organ procurement techniques. By using innovative approaches to donation and transplantation, the BCTS will be better positioned to meet the future demand for organs in BC.

Opportunities

Policy/Legislative

- CSA Standards (cells, tissues and organs) will lead to quality improvements. Enhanced national standards will ensure increased accountability and provide for better patient outcomes.

- New CCHSA standards may result in hospitals seeking assistance from BCTS in preparation for survey and site visits.
- Hospital / health authority involvement in increasing registration on Organ Donor Registry (ODR). By partnering with hospitals and health authorities to increase public awareness the BCTS will be better positioned to increase the number of potential donors who give their consent to become donors. In addition, educating health-care professionals will be beneficial in increasing the supply of available organs.
- BCTS/Kidney Foundation, the private sector and PHSA have partnered to pioneer a Living Organ Donor Expense Reimbursement Program (LODERP) which will remove some financial barriers to living donation and may later become national in scope.

Research

- Expand the source of deceased organ donation to include donation after cardiac death, in partnership with research institutions. This will enable an increased supply of organs.
- Increase the breadth of organ donation through living anonymous donation. This too will enable an increased supply of organs. In addition, the BCTS will be well positioned as a national leader in this research area.
- Promote the concept of a Centre for Excellence for Living Donation, in partnership with health authorities, research institutions and hospitals. The BCTS model is known for its integrated approach to service delivery. By becoming a Centre for Excellence, it will become an industry leader as it exemplifies excellence in transplant care.
- Engage in research in the areas of stem cell transplantation and pancreatic islet cells. Research will increase the supply of available organs and will enable the gap between the demand for organs and the supply of organs to close.

Technological

- Use new techniques such as laparoscopic nephrectomy (minimally invasive kidney removal). This will increase the numbers of those willing to be living kidney donors due to the less invasive technique and decreased length of hospital stay required (which will also represent cost savings to hospitals).
- Replace ageing and decaying TADIS information system with off-the-shelf transplant and donation modules which would be interfaced with CERNER. This would stabilize and improve the access, accuracy, reliability and utility of Information Management for patients, Quality Assurance, and research.
- New technology (DaVinci robotics) has potential for living donor kidney transplantation.

Health Improvement Programs and Services

- Involvement / support to delay / avoid onset of organ failure with prevention of diabetes (screening) through participation in PHSA programs/supports in:
 - Smoking cessation
 - Diet management
 - Weight loss (body mass index)

Inter-provincial Transplant Services

- The BCTS is well positioned to lead communication (and resultant action) with Alberta in order to review how organ and tissue procurement and transplant services are best

streamlined. If given the responsibility for tissues in BC, the BCTS may consider forming a partnership with Edmonton’s Comprehensive Tissue Bank rather than establishing or supporting one in province thereby eliminating the risk of huge capital cost expenditures and liability issues associated with running a tissue bank.

- Reviewing and streamlining organ transplant programs in Western Canada to best serve the residents. Centres of Excellence will enable more efficient use of limited funds as each centre may engage in particular specialized services, rather than all provinces supplying full transplant services (i.e. extra-renal organs or pediatric extra-renal transplantation).

Financial/Economic

- Long-term cost savings to the health-care system related to increasing transplants. The following example illustrates the compelling cost avoidance to be realized from performing a kidney transplant as compared to dialysis.

Example one - no transplant			
5 years dialysis		\$ 376,717.00	
Example two - living donor transplant			
Surgery (donor and recipient)	\$ 26,000.00		
Year one post transplant care	\$ 74,788.00		
Years two through five post transplant care	\$ 126,146.00		
Total		\$226,934.00	
Savings per transplant - over five years			\$ 149,783.00

- A significant part of BCTS’ budget is spent on the provision of life support drugs to our patients.

Internal Influences

Internal influences include trends and influences that are within the BCTS. Internal influences provide the basis from which to identify future strategies based on the internal strengths and weaknesses of the BCTS. The key internal challenges facing the BCTS focus on human resources.

- Increased funding is needed to meet the demands of collective agreements.
- A succession plan for medical, surgical, and allied professionals needs to be developed.
- Allied health professional recruitment and retention. In order to recruit and retain people into these positions, BCTS has to be very competitive with the market.
- Maintaining balance as wholly non-contract agency while being part of the broader PHSA, which is populated with contract employees.

Our Strategic Directions

Increase availability of organs for donation

At present, there are significant wait times for deceased donor organs in this province, up to eight years in the case of kidneys for certain blood types. Over 30 per cent of people on the wait list for extra-renal organs will die waiting for transplant. This is not acceptable given the mission and mandate of the BC Transplant Society. The reasons for the lack of organs for transplant include:

- Reduction in deaths where organ procurement is possible (i.e. precipitous decrease in deaths from MVAs since 1990 and cerebrovascular deaths).
- Lack of process and follow-through by some major hospitals in identifying and referring potential organs for donation.
- Increasing age of population decreases the likelihood of healthy organs.
- Only 16 per cent of the population has registered their consent on the Organ Donor Registry (ODR).
- Paucity of transplant nephrologists at VGH to assess candidates for living kidney donation.
- Lack of minimum patient volumes to establish the necessary surgical expertise and funding to establish a full range of pediatric (extra-renal) transplant programs in BC.

There are significant hurdles to overcome in order to increase the number of organs available for transplant, thus reducing the wait list. Some specific goals of the BCTS to increase the number of organs available include:

1. Increase organ donor registrations and donor consent through development of strategic community/media marketing plans. Key activities include:
 - Conducting community campaigns.
 - Continue partnership with ICBC drivers license insertion program.
2. Improve evaluation of BC organ donation potential through data collection using standard “eligible deaths” criteria.
3. Evaluate potential for donation from the pre-hospital setting.
4. Implement the recommendation arising from the Living Donor Kidney Review.
5. Evaluate the potential for an expansion of deceased organ donation.
6. Expand educational initiatives to allied health-care professionals.
7. Expand program to provide financial support (out-of-pocket expenses) to living donors nationally.
8. Recruit additional transplant nephrologists to VGH and SPH.
9. Continue increasing awareness of organ donation and transplantation in the South Asian community.

Enhance access to transplants

Even if the supply of organs increases, there may still be significant barriers to access for transplants. Some of these barriers include a lack of operating room time for living donor transplants (it is considered elective and often is rescheduled, whereas, deceased donor organ transplants are considered emergency and take precedence in the operating room).

At present, the number of organ donation specialists and surgeons is limited, and with no clear succession plan in place, there is the risk of a lack of trained transplant professionals to deliver transplant services in the future. This significant human resource issue could potentially impact accessibility to timely transplant services for British Columbians.

There are also opportunities to reduce the workload on the major transplant centers by enhancing the role of regional centers in pre-transplant kidney assessment. This would reduce the amount of time from referral to transplant because the initial assessments could be done “closer to home”.

The following is a list of specific initiatives that the BCTS will undertake in an effort to enhance accessibility to transplants:

1. Develop a recruitment, retention and succession plan for transplant professionals (medical and allied). The BCTS will work with the transplant hospitals and UBC to promote the establishment of a transplant mentorship program whereby physicians and surgeons are trained in the intricacies of transplantation. The establishment of such a program would not only be prestigious but it would also mitigate the issues associated with the current lack of succession planning. Using this mentorship model, the BCTS would have a continual supply of potential full time physicians and surgeons. While in training they would be able to assist in transplant and organ retrieval procedures.
2. Continued use of new and innovative techniques (i.e., laparoscopic nephrectomy) will increase the numbers of those willing to be living kidney donors.
3. Develop a plan for a transplant research network and submit a proposal to the peer review competition of the Michael Smith Foundation for Health Research.
4. Develop and implement a Centre of Excellence for Living Donation in BC.

High quality patient-centred care

We commit to providing the highest quality of patient care, to exceeding national standards and quality criteria and to engaging in continual learning and quality improvement.

Supportive environment

We commit to personal and organizational growth and innovation by ensuring a healthy workplace.

Respect

We recognize and value the importance of each person's contribution to the success of the BCTS.

Ensure the safety of cells and organs

With the implementation of national standards for the safety of cells, tissues and organs in June 2007, the BCTS has a significant role to play in ensuring that all cells and organs procured are safe for transplantation. Specific actions associated with achieving this strategic direction include:

1. Completing the set of standard operating procedures required by the Health Canada Guidance Document and CSA Standards to ensure compliance. Registration with Health Canada (2007).
2. Stabilize and improve (if not replace) TADIS information system within the organization in order to increase the ability to report, enhance safety, and comply with the requirements as identified by Health Canada, taking user needs into consideration.

Integrity

We perform our roles in an open and honest manner and build relationships based on fairness and trust.

Strategic Goals and Action Items

Goal:	Increase the availability of organs for donation	Executive Sponsor
Action Item:	Increase organ donor registrations and donor consent through development of strategic community/media marketing plans by: <ul style="list-style-type: none"> • Conducting community campaigns • Explore and develop digital signature option for on-line registrants (Organ Donor Registry) • Give Life at Work programs • Continue ICBC drivers license insertion program 	Bill Barrable Ken Donohue
Action Item:	Improve evaluation of BC organ donation potential through data collection using standard “eligible deaths” criteria.	Penny Clarke-Richardson
Action Item:	Evaluate potential for donation from the pre-hospital setting.	Penny Clarke-Richardson
Action Item:	Implement the recommendations from the Living Donor Kidney Review.	Sandra Vojnovic Dr. David Landsberg Dr. Jean Shapiro Dr. Doug Matsell
Action Item:	Evaluate potential for expanded deceased organ donation.	Penny Clarke-Richardson Dr. Mark Nigro Dr. David Landsberg Dr. Jean Shapiro
Action Item:	Expand educational initiatives to allied health-care providers.	Penny Clarke-Richardson
Goal:	Enhance access to transplants	Executive Sponsor
Action Item:	Develop a recruitment and retention plan for transplant professionals (medical and allied).	Penny Clarke-Richardson Sandra Vojnovic Carrie Okano Dr. Eric Yoshida
Action Item:	Promote use of new technologies, such as robotics (Da Vinci) and use of digital signature capability for the Organ Donor Registry.	Dr. Chris Nguan Bill Barrable
Action Item:	Develop plan for research network and submit proposal to Michael Smith Foundation for Health Research peer review competition.	Bill Barrable Dr. Stephen Chung Dr. Rob McMaster
Action Item:	Catalyse peer-reviewed transplant research in partnership with Michael Smith Foundation for Health Research, CF Foundation of Canada, Kidney Foundation of Canada, and Heart & Stroke Foundation.	Bill Barrable Dr. Stephen Chung

Goal:	Enhance access to transplants (Cont'd.)	Executive Sponsor
Action Item:	Develop Centre of Excellence for Living Donation in B.C.	Dr. Robert Levy Dr. David Landsberg Dr. Jean Shapiro Dr. Doug Matsell Dr. Charles Scudamore Bill Barrable Sandra Vojnovic
Goal:	Ensure the safety of cells and organs	Executive Sponsor
Action Item:	Complete SOPs from the Health Canada Guidance document and CSA Standards to ensure compliance. Register with Health Canada.	Sandra Vojnovic Penny Clarke-Richardson Dr. Robert Levy Dr. Mark Meloche
Action Item:	Stabilize and improve, if not replace, TADIS information systems in order to comply with Health Canada requirements (CSA Standards) and user needs.	Donna Cresswell, PHSA Ron Quirk, PHSA Craig Kilty Bill Barrable

Implementing Our Strategy

In order to achieve the strategic directions outlined above:

- Increasing the availability of organs and cells for donation (deceased and live donors).
- Ensuring accessibility to transplants.
- Ensuring the safety of cells and organs for transplant.

Dedication

We commit to being international leaders in transplant, donation and research. We believe in developing solutions in a collaborative manner in order to provide the highest quality of patient care.

The British Columbia Transplant Society must continue with its important role as an advocate for ongoing funding for transplant services. The BCTS, with support from the PHSA, will focus on the following areas in order to achieve its strategic directions.

- Funding for immunosuppressant drugs.
- Funding for more transplant nephrologist time and nursing care for living organ donation.
- Technical support from PHSA for new Canadian Standards Association standards for cell, organ and tissue transplantation through BCTS's clinical information system (TADIS) or its successor.
- Support for Organ Donor Registry initiatives with health authorities.
- Support for marketing organ donor consent registration.
- Recruitment, retention and succession plan for allied and medical staff.

In addition, the BCTS will continue to foster partnerships and work in collaboration with health authorities, individual hospitals, and agencies, such as the Kidney Foundation in order to achieve these strategic directions and goals.