

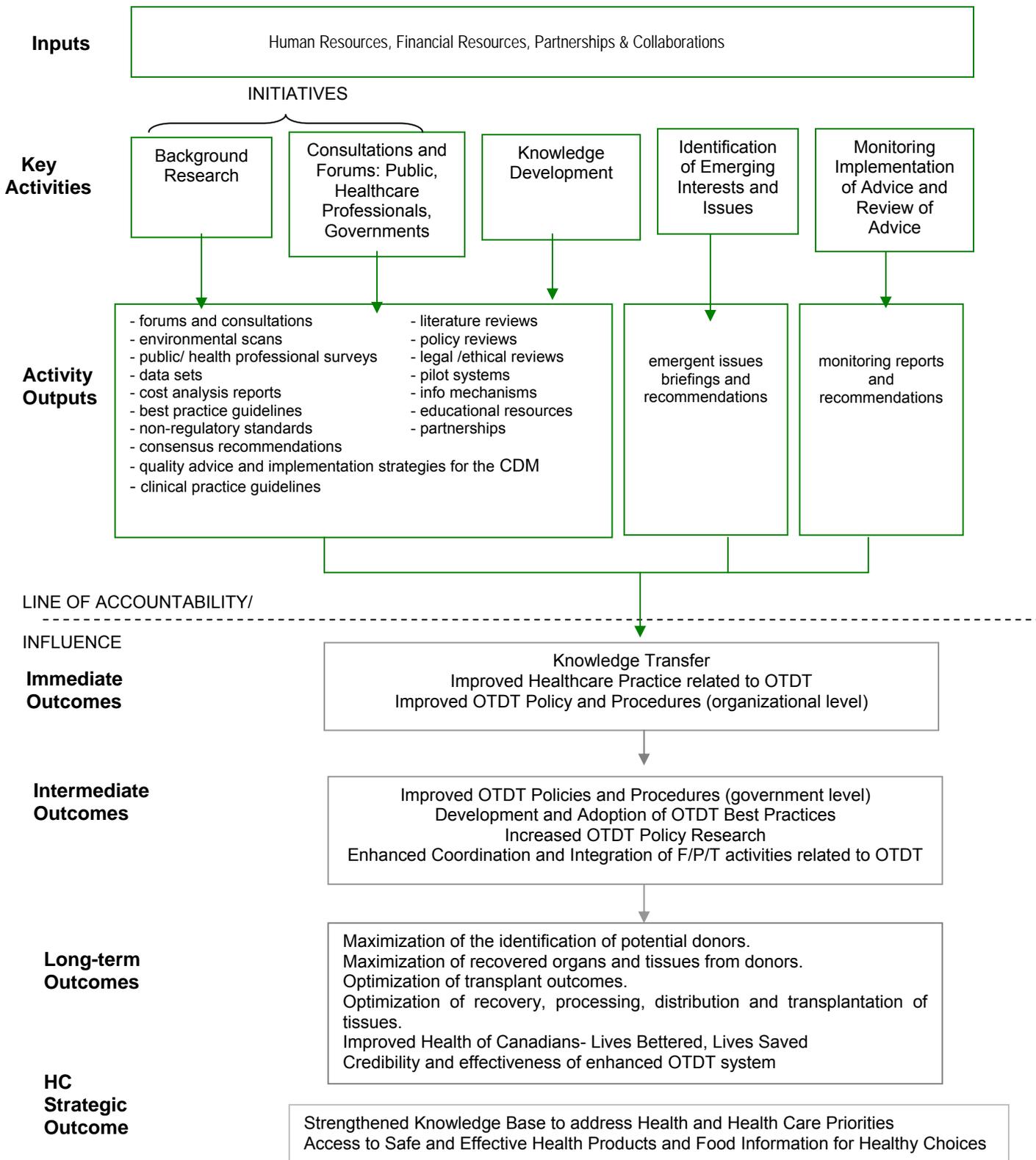
Appendix 1:

Canadian Council for Donation and Transplantation: Results-based Management and Accountability Framework (RMAF)

Logic Model and Evaluation Strategy Table

(April 2006)





Evaluation Strategy							
Evaluation Issue	Evaluation Questions	Indicators	Data Source or Collection Method	Responsibility for Collection	Timing Frequency of Measurement		
					Ongoing Measurement	Formative Evaluation	Summative Evaluation
Relevance of the Program	Is there a continued need for the federal government's involvement in the development of a coordinated FPT strategy to improve organ and tissue donation and transplantation in Canada?	<ul style="list-style-type: none"> - existence of similar types of initiatives or services in Canada - demonstrated need for a national organ and tissue donation and transplantation strategy - best practices in other countries 	<ul style="list-style-type: none"> - File Review- - Key Stakeholder/ Informant Interviews - Client Satisfaction - Utilization report on organs and tissues (donation rates) - Reports on high wait times and effectiveness of meeting client requirements 	External Evaluator	n/a	n/a	Yes
	Is there an alternative way to deliver this type of program?	<ul style="list-style-type: none"> - existence of other groups/ organizations, governments that could fulfill this function at the provincial/territorial levels - best practices in other countries 	<ul style="list-style-type: none"> - Informant Interviews 	External Evaluator	n/a	n/a	Yes
	Is CCDT the most appropriate organization to provide recommendations to the CDM or could this function be transferred to another organization?	<ul style="list-style-type: none"> - availability and capacity of other organizations to provide advice and recommendations to CDM - evidence that advice has been used to improve policies/practices in Canada 	<ul style="list-style-type: none"> - Document review - Informant interviews 	External Evaluator	n/a	n/a	Yes



Evaluation Strategy							
Evaluation Issue	Evaluation Questions	Indicators	Data Source or Collection Method	Responsibility for Collection	Timing Frequency of Measurement		
					Ongoing Measurement	Formative Evaluation	Summative Evaluation
Design	To what extent have the issues regarding the governance, staffing, project management, communication and evaluation, as highlighted in the 2003 BearingPoint formative evaluation been addressed by CCDT in their entirety?	- # of BearingPoint Recommendations addressed	- File Review	External Evaluator	n/a	n/a	Yes
Success of the Program	Is the advice received from CCDT appropriate and of high quality? To what extent has the advice from CCDT been received/responded to and /or adopted (e.g., by provinces and territories, organizations, stakeholders)	- % of advice accepted by CDM - % of CCDT workplan priorities approved - evidence that advice received meets client needs; is evidence-based; respects legal, ethical issues; and takes into account system safety and multicultural diversity - evidence that advice has been adopted at provincial/territorial levels	- File Review - Stakeholder surveys - Key Informant Interviews (CDM Liaison Member and FPT Ex Officio representatives) - interviews with appropriate officials in FPT Ministries of Health	External Evaluator CCDT Staff (ongoing data collection)	Yes	n/a	Yes
	Have reports and recommendations been developed and disseminated to improve	- # and type of reports and recommendations developed and	- File Review - informal interviews/survey	External Evaluator CCDT Staff	Yes	n/a	Yes



Evaluation Strategy							
Evaluation Issue	Evaluation Questions	Indicators	Data Source or Collection Method	Responsibility for Collection	Timing Frequency of Measurement		
					Ongoing Measurement	Formative Evaluation	Summative Evaluation
	organ and tissue donation and transplantation in Canada (e.g. frameworks, best practice guidelines, decision documents)?	disseminated - evidence of stakeholder satisfaction - # stakeholder communities reached - # reports distributed via the web	- Stakeholder survey - Websites - Distribution lists of reports	(ongoing data collection)			
	Has the CCDT been successful in identifying areas of emergent interest related to organ and tissue donation and transplantation in Canada?	-type of emerging issues researched by CCDT	-File/Document Review -Key Informant Interviews	External Evaluator CCDT Staff (ongoing data collection) (see PMS – pg 11)	Yes	n/a	Yes
	Has the work of the CCDT contributed to improved health care practices related to organ and tissue donation and transplantation in Canada?	- documents produced - type/nature of new health care practices/knowledge introduced	- File Review - Stakeholder survey - Key informant Interviews	External Evaluator CCDT Staff (ongoing data collection)	Yes	n/a	Yes
	Has the work of the CCDT contributed to improved organ and tissue donation and transplantation policies and procedures within organizations and jurisdictions in Canada?	-documents produced -type/nature of policies and procedures which CCDT influenced -# of policies/ procedures adopted by organizations	- File Review - Stakeholder survey - Key informant Interviews	External Evaluator CCDT Staff (ongoing data collection)	Yes	n/a	Yes



Evaluation Strategy							
Evaluation Issue	Evaluation Questions	Indicators	Data Source or Collection Method	Responsibility for Collection	Timing Frequency of Measurement		
					Ongoing Measurement	Formative Evaluation	Summative Evaluation
	Has the work of the CCDT contributed to improved organ and tissue donation and transplant policies and procedures at the government levels?	<ul style="list-style-type: none"> - documents produced - type/nature of policies and procedures which CCDT influenced - # of policies/procedures adopted at the government levels 	<ul style="list-style-type: none"> - File Review - Stakeholder survey - Key informant Interviews 	<p>External Evaluator</p> <p>CCDT Staff (ongoing data collection)</p>	Yes	n/a	Yes
	Has the CCDT been successful in generating and sharing a national body of knowledge related to organ and tissue donation and transplantation in Canada?	<ul style="list-style-type: none"> - type/nature of information sharing, - type/nature information products produced - type/nature of policy research products produced (e.g. reports, research) -range of dissemination/distribution of information (e.g. organizations – internal/external) 	<ul style="list-style-type: none"> - File Review - Stakeholder survey - Key informant Interviews -information products produced - presentations - web sites - policy research 	<p>External Evaluator</p> <p>CCDT Staff (ongoing data collection)</p>	Yes	n/a	Yes
	Has the CCDT been successful in contributing to increased policy research related to organ and tissue donation and transplantation in Canada?	<ul style="list-style-type: none"> - type of research ideas generated by CCDT (e.g. presentations at conferences) 	<ul style="list-style-type: none"> - File Review - Key Informant Interviews 	<p>External Evaluator</p> <p>CCDT Staff (ongoing data collection)</p>	Yes	n/a	Yes



Evaluation Strategy							
Evaluation Issue	Evaluation Questions	Indicators	Data Source or Collection Method	Responsibility for Collection	Timing Frequency of Measurement		
					Ongoing Measurement	Formative Evaluation	Summative Evaluation
	To what extent has the CCDT influenced the increase of intended donors, donations, and organs since the inception of the program?	<ul style="list-style-type: none"> - rates of organ donation - # of organ transplants - # of patients on transplant list - # of living donor transplants - trend analysis information (e.g. trend analysis) 	<ul style="list-style-type: none"> - Document/file reviews - Stakeholder survey - Key informant interviews - Donor and Transplant Databases - CORR 	External evaluator	No	n/a	Yes
	Has the CCDT been successful in contributing to the development of coordinated activities related to organ and tissue donation and transplantation (e.g. networking, developing partnerships)?	<ul style="list-style-type: none"> - type of partnerships, networks established - # and type of coordinated activities 	<ul style="list-style-type: none"> - Document Review - Stakeholder/ Key informant Interviews 	External Evaluator CCDT Staff (ongoing data collection)	Yes	n/a	Yes
	To what extent has CCDT contributed to the optimization of transplant outcomes, including access to wait lists, allocation, matching, transplant and transplant follow-up?	<ul style="list-style-type: none"> - # & type of organ transplants - # of patients off transplant list - # of living donor transplants 	<ul style="list-style-type: none"> - Canadian Organ Replacement Register: CORR 	External Evaluator	No	n/a	Yes
	To what extent have the OTDT Best Practices developed by CCDT been	<ul style="list-style-type: none"> - type of best practices on OTDT that have been 	<ul style="list-style-type: none"> -file/document review -stakeholder survey 	External Evaluator		n/a	Yes



Evaluation Strategy							
Evaluation Issue	Evaluation Questions	Indicators	Data Source or Collection Method	Responsibility for Collection	Timing Frequency of Measurement		
					Ongoing Measurement	Formative Evaluation	Summative Evaluation
	adopted by their stakeholders, including provinces and territories?	developed by CCDT - Type of best practices adopted by stakeholders					
	What is the evidence that the work generated by CCDT in terms of organ and tissue transplantation has contributed to improving the health of Canadians and to saving lives in Canada?	- Rates of successful donor transplants - Longevity of transplant recipients	-Canadian Organ Replacement Register: CIHR	External Evaluator		n/a	Yes
	To what extent has the credibility and effectiveness of the OTDT system been enhanced?	- Level of credibility - Level of effectiveness	- Trend Analysis - Survey of stakeholders	External Evaluator	No	n/a	Yes
Cost-effectiveness of the Program	Is the current design of the CCDT an efficient and effective way to formulate its advice about OTDT to CDM?	-evidence that current design of CCDT is achieving value for money	- Document Review - Key Stakeholder/informant interviews - Program Review - Cost-effective study	External Evaluator	n/a	n/a	Yes
	Is there an alternative way of delivering the objectives of CCDT in a more cost-effective manner?	-evidence that current design of CCDT is achieving value for money	- Document Review - Stakeholder survey - Key informant interviews - Cost-effective analysis	External Evaluator	n/a	n/a	Yes



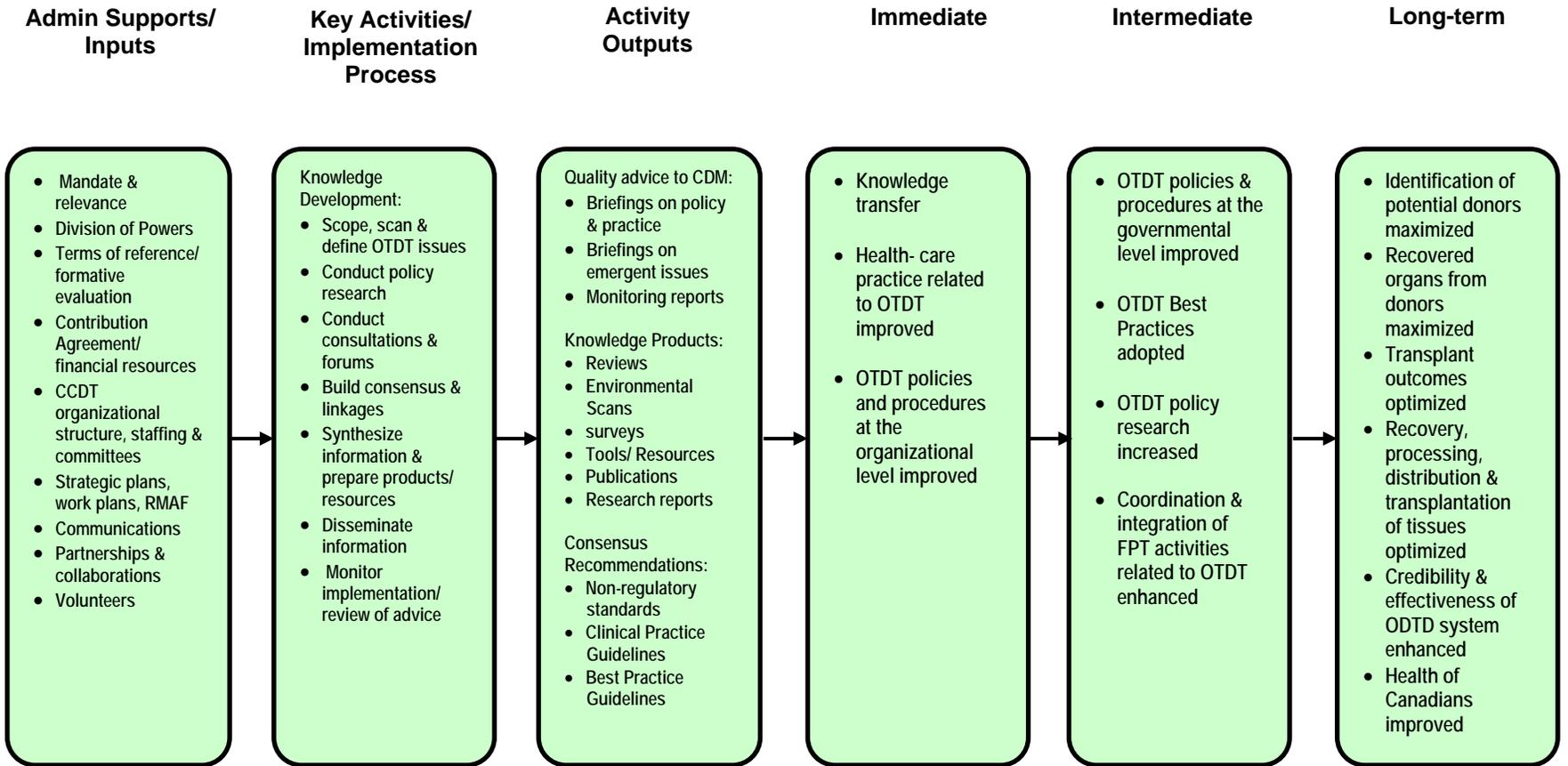
Appendix 2: CCDT Program Theory and Data Collection Matrix



A Program Theory for the Canadian Council for Donation & Transplantation

Process

Outcomes



The Canadian Council for Donation and Transplantation

Data Collection Matrix

Evaluation Topics	Evaluation Questions	Indicators	Data Sources
PROCESS			
1.0 Admin Supports/ Inputs			
.1 CCDT Program Mandate & Relevance	1.1.1 Why was CCDT established? 1.1.2 Does the current program still reflect this purpose? 1.1.3 Is there a continued need for the federal government's involvement in the development of a coordinated F/ P/ T strategy to improve OTDT in Canada?¹ 1.1.4 Is there an alternate way to deliver this type of program? 1.1.5 Is CCDT the most appropriate organization to provide recommendations to the CDM or could this function be transferred to another organization?	<ul style="list-style-type: none"> • Existence of other groups/ organizations, governments that could fulfill this function at the provincial/ territorial level • Demonstrated need for a national OTDT strategy • Best practices in other countries • Evidence that advice has been used to improve policies/ practices in Canada 	Document Review (extensive and not listed in Matrix) File Review
1.2 Division of Powers	1.2.1 How have the federal/ provincial/ territorial and regional division of powers influenced the way CCDT provides advice? 1.2.2 How has the division of powers affected CCDT's ability to effect change with regard to the development of a national OTDT strategy?	<ul style="list-style-type: none"> • Evidence of F/ P/ T and/ or regional facilitators or barriers to CCDT's processes and outcomes 	Document Review CCDT Staff interviews
1.3 Terms of reference & formative evaluation	1.3.1 To what extent has the work of CCDT addressed its terms of reference? Are there any gaps or areas for development? 1.3.2 To what extent have the issues regarding the governance, staffing, project management, communication and evaluation, as highlighted in the 2003 BearingPoint formative evaluation been	<ul style="list-style-type: none"> • Extent to which CCDT has addressed its terms of reference • Extent to which the 33 recommendations have been addressed 	Document Review File Review CCDT Staff Interviews

¹ Bolding denotes evaluation questions which respond to the CCDT Results-based Management and Accountability Framework (April 2006).



The Canadian Council for Donation and Transplantation

Data Collection Matrix

Evaluation Topics	Evaluation Questions	Indicators	Data Sources
	addressed by CCDT in their entirety?		
1.4 Contribution agreement/ financial resources	<p>1.4.1 What impact does CCDT's contribution agreement have on its ability to achieve its objectives?</p> <p>1.4.2 Is there an alternative way of delivering the objectives of CCDT in a more cost-effective manner?</p> <p>1.4.3 Is the current design of the CCDT an efficient way to formulate its advice about OTDT to CDM? (Cost effectiveness)</p>	<ul style="list-style-type: none"> • Extent to which contribution agreement influences the functioning of CCDT • Evidence that the current design of CCDT is achieving value for money 	<p>Document/ File Review</p> <p>CCDT Staff Interviews</p> <p>Cost analysis</p>
1.5 CCDT organizational structure, staffing & committees	<p>1.5.1 What is the organizational structure of CCDT? What is its current staffing component?</p> <p>1.5.2 What role do the various CCDT committees play?</p> <p>1.5.3 Is the current design of CCDT an effective way to formulate its advice about OTDT to CDM? (Organizational effectiveness)</p>	<ul style="list-style-type: none"> • Type of org'l structure, # staff • Committee guidelines • Evidence that the current design is addressing the mandate effectively 	<p>Document Review</p> <p>CCDT Staff Interviews</p> <p>Internet Survey</p>
1.6 Strategic plans, work plans, RMAF	<p>1.6.1 How have CCDT's strategic plans and work plans been implemented?</p> <p>1.6.2 How has Health Canada's RMAF supported the performance measurement & evaluation strategies of CCDT?</p>	<ul style="list-style-type: none"> • Extent to which the strategic & work plans have been implemented • Extent to which the RMAF has been implemented 	<p>File Review</p> <p>Document Review</p> <p>CCDT Staff Interviews</p>
1.7 Communications	1.7.1 What forms of internal/ external communications does CCDT use?	<ul style="list-style-type: none"> • Nature and type of communication strategies • Target populations 	<p>Document Review (examples of internal/ external communications; communication</p>



The Canadian Council for Donation and Transplantation

Data Collection Matrix

Evaluation Topics	Evaluation Questions	Indicators	Data Sources
			strategy)
1.8 Partnerships & collaborations	1.8.1 What types of partnerships and collaborations have been established by CCDT? 1.8.2 Has CCDT contributed to the development of coordinated activities related to OTDT? (e.g., networking, developing partnerships)	<ul style="list-style-type: none"> • # and type of partnerships, collaborations & networks • # & type of coordinated activities 	Document Review Success Case Interviews Internet Survey
1.9 Volunteers	1.9.1 How do volunteers support CCDT?	<ul style="list-style-type: none"> • Extent of volunteer involvement in CCDT activities • Extent of volunteer contribution 	Document Review
2.0 Implementation			
Knowledge Development:			
2.1 Scope, scan & define OTDT issues	2.1.1 Has CCDT identified gaps and needs in the area of OTDT in Canada? 2.1.2 Has CCDT identified areas of emergent interest related to OTDT in Canada?	<ul style="list-style-type: none"> • Type of emerging issue identified by CCDT 	File Review Document Review Success Case Interviews
2.2 Conduct policy research	2.2.1 Has CCDT contributed to increased policy research related to OTDT in Canada?	<ul style="list-style-type: none"> • Type of policy research conducted 	Document Review Success Case Interviews Internet Survey
2.3 Conduct consultations & forums	2.3.1 Has CCDT conducted consultations and forums related to OTDT in Canada?	<ul style="list-style-type: none"> • # & type of forum/consultation • Population reached 	File Review
2.4 Build consensus & linkages	2.4.1 Has CCDT built consensus & linkages in relation to OTDT in Canada?	<ul style="list-style-type: none"> • Type & nature of consensus/ linkages 	File Review Internet Survey Success Case



The Canadian Council for Donation and Transplantation

Data Collection Matrix

Evaluation Topics	Evaluation Questions	Indicators	Data Sources
			Interviews
2.5 Synthesize information & prepare products/ resources	<p>2.5.1 Have reports & recommendations been developed and disseminated to improve OTDT in Canada? (e.g., frameworks, best practice guidelines, decision documents)</p> <p>2.5.2 Is the advice provided by CCDT appropriate and of high quality (i.e., meets client expectations)?</p>	<ul style="list-style-type: none"> • # & type of reports/ recommendations developed & disseminated • # stakeholder communities reached • Evidence that advice meets client needs, is evidence-based, respects legal/ ethical issues, takes into account system safety & multicultural diversity 	Document Review Success Case Interviews
2.6 Disseminate information	2.6.1 Have the reports and recommendations been disseminated?	<ul style="list-style-type: none"> • # of stakeholder communities reached • # of reports disseminated, dissemination process 	File Review
2.7 Monitor implementation/ review of advice	2.7.1 How has CCDT monitored and reviewed the implementation of advice it has provided both formally & informally?	<ul style="list-style-type: none"> • Nature of monitoring & review processes 	Document Review
3.0 Activity Outputs			
Quality Advice/ Implementation Strategies to CDM:			
3.1 Briefings of emergent issues with recommendations	3.1.1 What briefings have been prepared related to emergent issues identified by CCDT?	<ul style="list-style-type: none"> • # & type of briefing documents prepared 	File Review Document Review
3.2 Monitoring reports & recommendations resulting from	3.2.1 What recommendations has CCDT made in relation to OTDT in Canada?	<ul style="list-style-type: none"> • # & type of monitoring reports/ recommendations 	File Review Document Review



The Canadian Council for Donation and Transplantation

Data Collection Matrix

Evaluation Topics	Evaluation Questions	Indicators	Data Sources
monitoring	3.2.2 What monitoring reports have been prepared?	prepared	
3.3 Advice overall	3.3.1 What types of advice produced by the CCDT have been used by stakeholders?	<ul style="list-style-type: none"> • Type of advice • Type of recipient • Utility of advice 	Key Informant Interviews File Review
	3.3.2 What has been the result?		
Knowledge Products:			
3.4 Reviews	3.4.1 What reviews of literature, policy and legal/ethical issues related to OTDT in Canada has CCDT conducted?	<ul style="list-style-type: none"> • # & type of review • Coverage of priorities in CCDT work plans 	File Review Document Review
3.5 Environmental Scans	3.5.1 What environmental scans related to OTDT has CCDT conducted?	<ul style="list-style-type: none"> • # & type of scan • Coverage of priorities in CCDT work plans 	File Review Document Review
3.6 Surveys	3.6.1 What surveys has CCDT conducted in relation to OTDT in Canada?	<ul style="list-style-type: none"> • # & type of survey with related reports • Population targeted/reached • Coverage of priorities in CCDT work plans 	File Review Document Review
	3.6.2 What datasets has CCDT developed from its surveys and scans?		
3.7 Tools/ Resources	3.7.1 What tools or educational resources related to OTDT has CCDT developed and distributed?	<ul style="list-style-type: none"> • # & type of tool/ resource • Population targeted/reached • Coverage of priorities in CCDT work plans 	File Review Document Review
3.8 Publications	3.8.1 What articles in peer-reviewed journals has CCDT sponsored or published that are related to OTDT in Canada?	<ul style="list-style-type: none"> • # & type of article • Type of journal • # & type of dataset • Audience • Coverage of priorities in 	File Review Document Review
	3.8.2 What datasets have been developed and published by CCDT?		



The Canadian Council for Donation and Transplantation

Data Collection Matrix

Evaluation Topics	Evaluation Questions	Indicators	Data Sources
		CCDT work plans	
3.9 Research reports	3.9.1 What other research reports has CCDT written and disseminated related to OTDT in Canada?	<ul style="list-style-type: none"> • # & type of research report • Coverage of priorities in CCDT work plans 	Document Review File Review
3.10 Knowledge products overall	3.10.1 What types of knowledge products produced by the CCDT have been used by stakeholders?	<ul style="list-style-type: none"> • Type of knowledge product • Type of user • Utility of advice 	Internet Survey
	3.10.2 What has been the result?		
Consensus Recommendations:			
3.11 Non-regulatory standards	3.11.1 What non-regulatory standards have CCDT created related to OTDT in Canada?	<ul style="list-style-type: none"> • # & type of standard • Audience • Coverage of priorities in CCDT work plans 	File Review Document Review
3.12 Clinical practice guidelines	3.12.1 What clinical practice guidelines has CCDT created in relation to OTDT?	<ul style="list-style-type: none"> • # & type of guidelines developed & distributed • Audience • Coverage of priorities in CCDT work plans 	File Review Document Review
3.13 Best practice guidelines	3.13.1 What best practice guidelines has CCDT created in relation to OTDT?	<ul style="list-style-type: none"> • # & type of guidelines developed & distributed • Audience • Coverage of priorities in CCDT work plans 	File Review Document Review
3.14 Consensus recommendations overall	3.14.1 Which consensus recommendations produced by the CCDT have been used by stakeholders?	<ul style="list-style-type: none"> • Type of consensus recommendation • Type of user • Utility of consensus 	File Review
	3.14.2 What has been the result?		



The Canadian Council for Donation and Transplantation

Data Collection Matrix

Evaluation Topics	Evaluation Questions	Indicators	Data Sources
		recommendation	
OUTCOMES			
4.0 Immediate Outcomes			
4.1 Knowledge transfer	<p>4.1.1 Has CCDT been successful in generating and sharing a national body of knowledge related to OTDT in Canada?</p> <p>4.1.2 To what extent has the advice from CCDT been received/ responded to and/ or adopted by stakeholders (e.g. by provinces and territories, organizations)</p>	<ul style="list-style-type: none"> • Evidence that a body of knowledge has been shared • Type/ nature of policy research products produced (e.g. reports, research) (outputs) • Evidence that advice has been received • Evidence that advice has been adopted • Evidence that advice received meets client needs; respects legal, ethical issues; is evidence-based and takes into account system safety and multicultural diversity • Evidence that advice has been adopted at provincial/territorial levels 	<p>Internet Survey</p> <p>Success Case Interviews</p> <p>Key Informant Interviews</p> <p>Document /File Review</p>
4.2 Health-care practice related to OTDT improved	4.2.1 Has the work of CCDT contributed to improvements in health care practices related to OTDT in Canada?	<ul style="list-style-type: none"> • Evidence of improvements in health care practices 	<p>Internet Survey</p> <p>Success Case Interviews</p> <p>Key Informant Interviews</p> <p>Document Review</p>



The Canadian Council for Donation and Transplantation

Data Collection Matrix

Evaluation Topics	Evaluation Questions	Indicators	Data Sources
4.3 OTDT policies and procedures at the organizational level improved	4.3.1 Has the work of CCDT contributed to improvements in OTDT policies and procedures within organizations in Canada?	<ul style="list-style-type: none"> • Evidence of improvements in OTDT policies & procedures (organizational level) • Type/nature of policies and procedures which CCDT influenced 	Internet Survey Success Case Interviews Key Informant Interviews Document Review
5.0 Intermediate-Term Outcomes			
5.1 OTDT policies & procedures at the governmental level improved	5.1.1 Has the work of CCDT contributed to improvements in OTDT policies and procedures at the F/ P/ T government levels?	<ul style="list-style-type: none"> • Evidence of improvements in OTDT policies & procedures (government level) • Type/ nature of policies and procedures which CCDT influenced 	Internet Survey Key Informant Interviews Document Review
5.2 OTDT Best Practices adopted	5.2.1 To what extent have OTDT best practices developed by CCDT been adopted by stakeholders, including provinces and territories?	<ul style="list-style-type: none"> • Evidence of adoption of CCDT-influenced best practices 	Internet Survey Key Informant Interviews Document Review
5.3 OTDT policy research increased	5.3.1 Has CCDT been successful in contributing to increased policy research related to OTDT in Canada?	<ul style="list-style-type: none"> • Evidence of policy research influenced by CCDT activities 	Internet Survey Key Informant Interviews Document Review
5.4 Coordination & integration of F/ P/ T activities related to OTDT enhanced	5.4.1 Has CCDT been successful in contributing to the development of coordinated and integrated activities relate to OTDT at the F/ P/ T levels?	<ul style="list-style-type: none"> • Evidence of partnerships, networks & coordinated activities resulting from the work of CCDT 	Internet Survey Key Informant Interviews Document Review



The Canadian Council for Donation and Transplantation

Data Collection Matrix

Evaluation Topics	Evaluation Questions	Indicators	Data Sources
5.5 Other outcomes	5.5.1 What are the strengths and weaknesses related to the development of CCDT in its first five years? 5.5.2 What lessons have been learned about the development of CCDT? 5.5.3 Are there any unanticipated outcomes related to the development of CCDT?	<ul style="list-style-type: none"> • Views regarding strengths & weaknesses • Views regarding lessons learned • Views regarding unanticipated outcomes 	Internet Survey Success Case Interviews Key Informant Interviews
6.0 Long-Term Outcomes			
6.1 Identification of potential donors maximized	6.1.1 To what extent has CCDT influenced the increase of intended donors since the inception of the program?	<ul style="list-style-type: none"> • Increase in number of intended donors • Trend analysis • # of patient donors • # of consents • # of conversions from potential to actual 	Canadian Organ Replacement Register (CORR) CIHR
6.2 Recovered organs and tissues from donors maximized	6.2.1 To what extent has CCDT influenced the increase of donations and organs/tissues since the inception of the program?	<ul style="list-style-type: none"> • Increase in number of living donors, donations & organs • Trend analysis • # of organs & tissues recovered 	Canadian Organ Replacement Register (CORR) CIHR
6.3 Organ transplant outcomes optimized	6.3.1 To what extent has CCDT contributed to the optimization of organ transplant outcomes (including wait lists, allocation, matching, transplant and transplant follow-up)?	<ul style="list-style-type: none"> • Trend analysis: • # of tissues recovered • # of tissues transplanted 	Canadian Organ Replacement Register (CORR) CIHR
6.4 Recovery, processing, distribution & transplantation of tissues optimized	6.4.1 To what extent has CCDT contributed to the optimization of the identification, management, recovery, processing, distribution and transplantation of tissues?	<ul style="list-style-type: none"> • Trend analysis • # of tissues recovered • # of tissues transplanted 	Canadian Organ Replacement Register (CORR) CIHR



The Canadian Council for Donation and Transplantation

Data Collection Matrix

Evaluation Topics	Evaluation Questions	Indicators	Data Sources
6.5 Credibility & effectiveness of OTDT system enhanced	6.5.1 What is the evidence that the work of CCDT has contributed to enhancing the credibility and effectiveness of the OTDT system in Canada?	<ul style="list-style-type: none"> • Evidence of stakeholder satisfaction with the contribution of CCDT to the OTDT system in terms of credibility & effectiveness 	Internet Survey Success Case Interviews Key Informant Interviews
6.6 Health of Canadians improved	6.6.1 What is the evidence that the work generated by CCDT in terms of OTDT has contributed to improving the health of Canadians and to saving lives in Canada?	<ul style="list-style-type: none"> • Rates of successful donor transplants • Longevity of transplant recipients 	Canadian Organ Replacement Register (CORR) CIHR



Appendix 3: List of Documents Reviewed



Documents Reviewed

Type of Document	Number of Document Type	Document Title
Administrative documents	14	<ul style="list-style-type: none"> • Ex-Officio/Regional Rep Listing • CCDT Program Theory (BRG) • CCDT Organizational Structure • CCDT CEO and Staff Structure • Sample Initiative Terms of Reference • CCDT Staff Position Descriptions • Staff Initiative Director Position Descriptions • Other Policy Package • CCDT Honoraria Policy • CCDT Roles and Responsibilities Package • CCDT Nominating Committee Package • CCDT Council Orientation Package • CCDT Ex-Officio Orientation Package • Stakeholder Tracking List
Business/work plans	5	<ul style="list-style-type: none"> • COUNCIL Business Plan, 2002 – DRAFT X • 2002-2003 Work Plan (17Oct 02.doc) • Business Plan 2002 – 2005 • CCDT Work Plan 2004 –2006 • CCDT 2005-2006 to 2006-2007 Work Plan
Communications/ media documents	12	<ul style="list-style-type: none"> • CCDT Communications Framework 2005-2007 • Communications Work Plan – April 2006 – January 2007 • Sample Media Package • Getting to know your CommonSpot – Intranet Training Guide • CCDT Website overview • Corporate Forms Guide • Graphic Standards Manual • Writers Guide • Presentation Templates – Internal Audiences • Presentation Templates – External Audiences • Sample Initiative Report Package to Council • Sample CEO Report to the Executive Committee
Context documents (Backgrounders/ historical documents on CCDT)	9	<ul style="list-style-type: none"> • CCDT Overview (revised January 2006) • CCDT Strategic Framework • CCDT Transfer 2005 • Bylaw #1 – Pre-incorporation • Bylaw #2 – Post-incorporation • CCDT Historical Documentation – Inception 2001 • 2 page historical overview regarding establishment of CCDT • Organ and Tissue Donation and Transplantation in Canada (SCH) Volpe 1999 • CCDT Terms of Reference (June 2001)



Type of Document	Number of Document Type	Document Title
Evaluation documents	3	<ul style="list-style-type: none"> • RMAF from Initial Treasury Board Submission • RMAF from 2005 Treasury Board Submission • BearingPoint with CCDT response (April 2006)
Minutes	81	<ul style="list-style-type: none"> • 21 Council minutes (Oct 2001–March 2006) • 6 Executive Committee minutes (January 2003–March 2006) • 21 Donation Committee minutes (December 2001–March 2004) • 19 Tissue Banking Committee minutes (October 2001–September 2005) • 14 Transplantation Committee minutes (October 2001–November 2005; no minutes June 2003 to November 2005)
Other governance documents	5	<ul style="list-style-type: none"> • Nominating Committee Process 2001, 2004, 2005 • Faith Perspectives on Organ and Tissue Donation and Transplantation Report (January 2006): Knowledge Dissemination Summaries • Outstanding Health Professional Survey: Health Professional Awareness and Attitudes on organ and tissue donation and transplantation including Donation after Cardiocirculatory Death
Initiative Documents	122	<ul style="list-style-type: none"> • Research documents – reviews, environmental scans, surveys, tools/ resources, publications, CDM Briefing Notes
TOTAL	251	





Appendix 4: Data Collection Tools



1. Internet Survey

The Canadian Council for Donation and Transplantation (CCDT) was established in October 2001 as an advisory body to the Council of Deputy Ministers of Health (CDM) to support its efforts to coordinate federal, provincial and territorial activities relating to organ and tissue donation and transplantation (OTDT).

As it is the end of the CCDT's first five-year mandate, a summative evaluation is currently being conducted. The evaluation is examining the processes, products, and outcomes of the CCDT's work to date. This work has been achieved collaboratively with many stakeholders.

You have been selected as a Key Stakeholder and we ask you to complete this Internet Survey. Your feedback is critical to the preparation of an effective and informative evaluation, and will help the CCDT determine its future role. This survey should take 15-20 minutes to complete and any information you provide will remain confidential and will only be reported in aggregate form. (For more information on privacy, please click [here](#).) There are 11 main questions for you to complete.

Because many different kinds of stakeholders are being contacted to complete this survey, you may find that you may not be able to answer some of the questions. In that case, please select "Not applicable" and proceed to the next question.

Please keep in mind that while the CCDT has worked collaboratively with many stakeholders in the development of advice, its primary role is not to connect with or support the work of stakeholders in the organ and tissue donation and transplantation community. Further, the CCDT is not involved or responsible for standards or regulations related to organ and tissue donation. These are the responsibility of Health Canada and, in the case of standards, have been delegated to the Canadian Standards Association.

The survey deadline is June 6, 2006.

If you have any further questions concerning this research or this survey, please contact either: Carole Loiseau, Director of Corporate Services, CCDT at carole.loiseau@ccdt.ca or (780) 719-7112; or Dr. Gail Barrington, Evaluation Project Manager at info@barringtonresearchgrp.com or (403) 289-2221.

Thank you very much!



Your CCDT Involvement

1. Please indicate your primary roles in terms of your involvement with CCDT: *(Please check only your top two key roles if you have had more than one.)*

- | | |
|---|---|
| <input type="checkbox"/> Council Member
<input type="checkbox"/> FPT or Ex Officio Representative
<input type="checkbox"/> Standing Committee Member
For example:
• Donation
• Transplant
• Tissue
<input type="checkbox"/> Initiative Committee Member
For example:
• Ethno cultural
• Medical Management to Optimize Donor Organ Potential (MEMODOP)
• Severe Brain Injury to Neurological Determination of Death (SBINDD)
• Donation after Cardio circulatory Death (DCD)
• Enhancing Live Donation (ELD)
• Assessment and Management of Immunologic Risk
<input type="checkbox"/> Organ Procurement Organization | <input type="checkbox"/> Organ Transplant Organization
<input type="checkbox"/> Eye & Tissue Centres
<input type="checkbox"/> Health Professional Association
For example:
• Canadian Critical Care Society (CCCS)
• Canadian Bioethics Society (CBS)
• Canadian Society of Transplantation (CST)
• Canadian Association of Neuroscience Nurses (CANN)
• Operating Room Nurses of Canada (ORNAC)
<input type="checkbox"/> Non-governmental Organization
<input type="checkbox"/> Hospitals & Critical Care
<input type="checkbox"/> Other (<i>specify</i>) _____ |
|---|---|

CCDT Implementation

2. Please rate the effectiveness of the following components of the CCDT's organizational structure in supporting its ability to achieve its mandate, namely providing the CDM with advice on issues related to organ donation and transplantation *(a five-point scale has been provided where 1 = Very ineffective and 5 = Very effective)*:

	Very ineffective				Very effective	Don't know/ Not applicable
	1	2	3	4	5	DK/NA
a) Operating as a Secretariat within Health Canada	<input type="checkbox"/>					
b) Operating independently as a non-profit organization funded by Health Canada	<input type="checkbox"/>					



2. Please rate the effectiveness of the following components of the CCDT's organizational structure in supporting its ability to achieve its mandate, namely providing the CDM with advice on issues related to organ donation and transplantation (a five-point scale has been provided where 1 = Very ineffective and 5 = Very effective):

	Very ineffective				Very effective	Don't know/ Not applicable
	1	2	3	4	5	DK/NA
c) Reporting to Health Canada and the CDM on work plan initiatives and recommendations	<input type="checkbox"/>					
d) Having a central administrative office to coordinate activities and conduct policy research (e.g., reviews, environmental scans, publications, research reports, best practice guidelines, briefings)	<input type="checkbox"/>					
e) Making extensive use of volunteer committees to address specific issues	<input type="checkbox"/>					
f) Working collaboratively with multi-level stakeholders	<input type="checkbox"/>					
g) Do you have additional comments on the topic of the CCDT's organizational structure?						

3. How successful has the CCDT been in coordinating and integrating activities related to OTDT in Canada in the following areas (a five-point scale has been provided where 1 = Very unsuccessful and 5 = Very successful):

	Very unsuccessful				Very successful	Don't know/ Not applicable
	1	2	3	4	5	DK/NA
a) Developing work plans reflective of emerging needs and interests in OTDT	<input type="checkbox"/>					
b) Contributing to increased policy research related to OTDT (e.g., reviews, environmental scans, publications, research reports, best practice guidelines, briefings)	<input type="checkbox"/>					
c) Conducting consultations and forums related to OTDT	<input type="checkbox"/>					
d) Supporting partnerships and networks related to OTDT	<input type="checkbox"/>					
e) Building consensus and linkages related to OTDT	<input type="checkbox"/>					
f) Synthesizing information and preparing reports, resources and recommendations	<input type="checkbox"/>					



2. Please rate the effectiveness of the following components of the CCDT's organizational structure in supporting its ability to achieve its mandate, namely providing the CDM with advice on issues related to organ donation and transplantation (a five-point scale has been provided where 1 = Very ineffective and 5 = Very effective):

	Very ineffective					Very effective	Don't know/ Not applicable
	1	2	3	4	5	DK/NA	
related to OTDT (e.g., reviews, environmental scans, publications, research reports, best practice guidelines, briefings)							
g) Do you have additional comments on the topic of the CCDT's ability to coordinate and integrate OTDT activities in Canada?							

CCDT Outcomes

4. Please provide your opinion by rating the extent to which CCDT has achieved its designated outcomes (a five-point scale has been provided where 1 = Not at all and 5 = A great deal).

	Not at all				A great deal	Don't know/ Not applicable
	1	2	3	4	5	DK/NA
a) Has CCDT been successful in generating and sharing a national body of knowledge related to OTDT in Canada?	<input type="checkbox"/>					
b) Has the work of CCDT contributed to improvements in health care practices related to OTDT in Canada?	<input type="checkbox"/>					
c) Has the work of CCDT contributed to improvements in OTDT policies and procedures within organizations in Canada?	<input type="checkbox"/>					
d) Has the work of CCDT contributed to improvements in OTDT policies and procedures in the Federal /Provincial /Territorial (F/P/T) government levels?	<input type="checkbox"/>					
e) Have OTDT best practices developed by CCDT been adopted by stakeholders, including provinces and territories?	<input type="checkbox"/>					



	Not at all				A great deal	Don't know/ Not applicable
	1	2	3	4	5	DK/NA
a) Has CCDT been successful in generating and sharing a national body of knowledge related to OTDT in Canada?	<input type="checkbox"/>					
b) Has the work of CCDT contributed to improvements in health care practices related to OTDT in Canada?	<input type="checkbox"/>					
c) Has the work of CCDT contributed to improvements in OTDT policies and procedures within organizations in Canada?	<input type="checkbox"/>					
f) Has CCDT been successful in contributing to increased policy research related to OTDT in Canada? (e.g., document reviews, environmental scans)	<input type="checkbox"/>					
g) Has CCDT been successful in contributing to the development of coordinated activities related to OTDT at the F/P/T levels?	<input type="checkbox"/>					
h) Do you have any additional comments on the achievement of these outcomes by the CCDT?						

CCDT Knowledge Products

(3.10.1)

5. Please review the following list of key reports prepared by the CCDT. If you have read a particular report, please rate its utility. If you have not read it, select Not Read. Please indicate any impact the report has had on your work or practice (a five-point scale has been provided where 1 = Not useful at all and 5 = Very useful).

	Not at all Useful				Very Useful	Not Read
	1	2	3	4	5	
a) <i>Planning and Budgeting Public Awareness and Education Initiatives to Promote Organ and Tissue Donation: A CCDT Planning Guide (2005)</i>	<input type="checkbox"/>					
32 page planning resource for donation stakeholders working at all levels to promote organ and tissue donation. Developed with the knowledge that most Canadian donation stakeholders have limited financial resources dedicated to public awareness. Distributed to Organ Procurement Organizations, Transplant Programs, Non-government Organizations, Steering Committee, CDM and posted on CCDT website.						



<p>Understanding the impact of the CCDT's work is one of the most important aspects of this evaluation. Please tell us about how this report affected policy or practice for you and/ or your organization.</p>						
<p>b) <i>Diverse Communities' Perspectives on Organ and Tissue Donation and Transplantation: Summary Report (2005)</i></p>	<input type="checkbox"/>					
<p>21 page summary report of the findings from consultations with various diverse communities, namely the Aboriginal Peoples, Chinese Canadians and South Asian Canadians, regarding their values, attitudes and beliefs about organ and tissue donation and transplantation. Distributed to Organ Procurement Organizations, Non-government Organizations, Steering Committee, CDM and posted on CCDT website.</p>						
<p>How did this report affect policy or practice for your and/ or your organization?</p>						
<p>c) <i>Severe Brain Injury to Neurological Determination of Death Forum Report and Recommendations (SBINND) (2003)</i></p>	<input type="checkbox"/>					
<p>43 page report and recommendations based on background research and a consensus forum of health care professionals outlining minimum standards and a code of practice for the care of patients whose injuries result in neurological determination of death (NDD). (includes CD Rom) Distributed to Forum Participants, Organ Procurement Organizations, Transplant Program, Health Professional Associations, Non-government Organizations, Critical Care Units across Canada, CDM and posted on CCDT website.</p>						
<p>How did this report affect policy or practice for your and/ or your organization?</p>						
<p>d) <i>Medical Management to Optimize Organ Donor Potential Forum Report and Recommendations (MEMODOP) (2004)</i></p>	<input type="checkbox"/>					
<p>105 page report and recommendations based on background research and a consensus forum of healthcare professionals outlining guidelines and recommendations for the maximization of donor organ potential throughout the interval of care from neurological determination of death and consent to donation and culminating with surgical organ procurement. (includes CD Rom) Distributed to Forum Participants, Organ Procurement Organizations, Transplant Program, Health Professional Associations, Non-government Organizations, Critical Care Units across Canada, CDM and posted on CCDT website.</p>						
<p>How did this report affect policy or practice for your and/ or your organization?</p>						
<p>e) <i>Donation After Cardiocirculatory Determination of Death Forum Report and Recommendations (DCD) (2005)</i></p>	<input type="checkbox"/>					
<p>86 page report and recommendations based on background research and a consensus forum of healthcare professionals outlining proposed principles, procedures and protocols for the implementation of donation after cardiac death (DCD) within a medical, ethical and legal framework. Distributed to Forum Participants, Organ Procurement Organizations, Transplant Program, Health Professional Associations, Non-government Organizations, Critical Care Units across Canada, CDM and posted on CCDT website.</p>						
<p>How did this report affect policy or practice for your and/ or your organization?</p>						
<p>f) <i>Assessment and Management of Immunologic Risk in Transplantation (2005)</i></p>	<input type="checkbox"/>					
<p>101 page report and recommendations based on background research and a task force of healthcare professionals that outlines recommendations for practitioners and health care providers around key issues related to the assessment and management of immunologic risk. Distributed to Forum Participants, Organ Procurement Organizations, Transplant Programs, Non-government Organizations, CDM and posted on CCDT website.</p>						
<p>How did this report affect policy or practice for your and/ or your organization?</p>						
<p>g) <i>Demand for Human Allograft Tissue in Canada (2003)</i></p>	<input type="checkbox"/>					



97 page report based on environmental scan and interviews regarding current and predicted demand for human allograft tissue in Canada. Distribution to survey participants, eye and tissue banks and posted on CCDT website.						
How did this report affect policy or practice for your and/ or your organization?						
h) <i>Demand for Human Allograft Tissue in Canada: Integrating Dental Industry (2003)</i>		<input type="checkbox"/>				
77 page report based on environmental scan and interviews of Dental Industry user groups regarding current and predicted demand for human allograft tissue in Canada. Distribution to survey participants, eye and tissue banks and posted on CCDT website.						
How did this report affect policy or practice for your and/ or your organization?						
i) <i>Supply of Human Allograft Tissue in Canada- Final Report (2003)</i>		<input type="checkbox"/>				
72 page report based on key informant interviews regarding supply of human allograft tissue from Canadian tissue banks. Distributed to interview participants, eye and tissue banks and posted on CCDT website.						
How did this report affect policy or practice for your and/ or your organization?						

Overall Opinions about the CCDT

6. In your opinion, what factors have contributed to the development of the CCDT in its first five years?

7. What barriers or roadblocks to the development of the CCDT have you noted?

8. Do you think there is a continued need for a coordinated F/P/T approach for OTDT in Canada?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know/ Not Applicable
--	------------------------------	-----------------------------	---

Why or why not?

9. Do you think there a continued need for the Federal government to be involved in a coordinated approach for OTDT in Canada? (NB. The Federal Government currently funds the CCDT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know/ Not Applicable
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Why or why not?

10. Do you think the CCDT is the most appropriate organization to provide recommendations to the CDM regarding OTDT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know/ Not Applicable
--	------------------------------	-----------------------------	---

Why or why not?

11. Do you have any other comments?

Thank you very much for your contribution to this evaluation. Your input is very valuable.

Please note that the information you have submitted is already saved, and you may either close this window or press Done. If you press Done you will be brought to Barrington Research Group's Website.



2. Interview Protocols:

2.1 Success Case Interview Protocol

As it is the end of the Canadian Council for Donation and Transplantation's (CCDT) first mandate, a summative evaluation is being conducted. The evaluation is examining the processes, products and outcomes of the CCDT's work to date. This work has been achieved collaboratively with many stakeholders.

You have been selected as a key informant and are being invited to participate in this interview. Your feedback is critical to the preparation of an effective and informative evaluation and will help the CCDT determine how effective it has been in meeting the objectives of its mandate. This interview should take 20-30 minutes to complete and any information that you provide will remain confidential and will only be reported in an aggregate or non-attributable form. I can provide you with more information on privacy issues if required. If you have any questions about the Survey or this Evaluation, please feel free to contact Carole Loiseau, Director of Corporate Services, Canadian Council for Donation and Transplantation at carole.loiseau@ccdt.ca or (780) 719-7112.

Before we begin, I just want to clarify the role of the CCDT

- It is an expert advisory body to the Federal/ Provincial/ Territorial Conference of Deputy Ministers of Health (CDM), established in October 2001.
- Its mandate is to provide the CDM with advice on issues related to organ and tissue donation and transplantation in Canada.
- While it has worked collaboratively with many stakeholders in the development of advice, its primary role is not to connect with or support the work of stakeholders in the organ and tissue donation and transplantation community.
- It is not involved or responsible for standards or regulations related to organ and tissue donation. These are the responsibility of Health Canada and, in the case of standards, have been delegated to the Canadian Standards Association.

May we begin the questions?

1. Can you identify any Organ and Tissue Donation and Transplantation (OTDT) best practices, coming out of the work of the CCDT, that have been adopted in your organization/ practice? At the provincial and territorial level? (5.2.1)
2. Has the work of the CCDT resulted in increased policy research related to Organ and Tissue Donation and Transplantation (OTDT) in Canada? What are the most significant examples that come to mind? Does anything limit the work of the CCDT in this area? (5.3.1)
3. From your perspective, has the CCDT been successful in generating and sharing a national body of knowledge related to Organ and Tissue Donation and Transplantation (OTDT) What are some key examples of this? (4.1.1)
4. In your jurisdiction (indicate F or P/T) how has the CCDT contributed most significantly to changes in Organ and Tissue Donation and Transplantation (OTDT) policies and procedures? What are some key examples of this? Currently, what stands in the way of the CCDT having a greater impact? (5.1.1)
5. What lessons or outcomes from the last five years of the CCDT's development do you think are most important going forward? (5.5.2)



6. From your perspective, have there been any surprises or unanticipated outcomes related to the development of the CCDT? (5.5.3)
7. Overall, how can the CCDT better affect the development of coordinated Organ and Tissue Donation and Transplantation (OTDT) activities in Canada? Are there any improvements that can be made in this area? What key factors are facilitating or hindering the achievement of this long-term goal? (5.4.1)
8. Finally, has the CCDT enhanced the credibility of OTDT in Canada? Why or why not? Could you provide us with examples? (6.5.1)
9. Do you have any final comments about the success of the CCDT in its first mandate?



2.2 Key Stakeholder Interview Protocol

As it is the end of the Canadian Council for Donation and Transplantation (CCDT) first mandate, a summative evaluation is being conducted. This evaluation is examining the processes, products and outcomes of the CCDTs work to date. This work has been achieved collaboratively with many stakeholders.

You have been selected as a key informant by the CCDT and are being invited to participate in this interview. Your feedback is critical to the preparation of an effective and informative evaluation, and will help the CCDT determine how effective it has been in meeting the objectives of its mandate. This interview should take 20-30 minutes to complete and any information that you provide will remain confidential and will only be reported in an aggregate or non-attributable form. I can provide you with more information on privacy issues if required. If you have any questions about the Survey or this Evaluation, please feel free to contact Carole Loiseau, Director of Corporate Services, Canadian Council for Donation and Transplantation at carole.loiseau@ccdt.ca or (780) 719-7112.

Before we begin, I just want to clarify the role of the CCDT

- It is an expert advisory body to the Federal/ Provincial/ Territorial Conference of Deputy Ministers of Health (CDM), established in October 2001.
- Its mandate is to provide the CDM with advice on issues related to organ and tissue donation and transplantation in Canada.
- While it has worked collaboratively with many stakeholders in the development of advice, its primary role is not to connect with or support the work of stakeholders in the organ and tissue donation and transplantation community.
- It is not involved or responsible for standards or regulations related to organ and tissue donation. These are the responsibility of Health Canada and, in the case of standards, have been delegated to the Canadian Standards Association.

May we begin the questions?

1. In your jurisdiction or organization (indicate F or P/T) how has the CCDT contributed most significantly to changes in Organ and Tissue Donation and Transplantation (OTDT) policies and procedures? What are some key examples of this? Currently, does anything stand in the way of the CCDT carrying out its work in this area? (5.1.1)
2. Has the work of the CCDT resulted in increased policy research related to Organ and Tissue Donation and Transplantation (OTDT) in Canada? What are the most significant examples that come to mind? Does anything limit the work of the CCDT in this area? (5.3.1)
3. Can you provide any examples of the implementation of the CCDT's recommendations in your work/ local practice? In your organization or jurisdiction? (Indicate F or P/T level) If other work should have been done by the CCDT, what was it? (3.3.1; 5.2.1)
4. Since its inception, how has the CCDT made a difference in the Organ and Tissue Donation and Transplantation (OTDT) community? (1.1.1)
5. What lessons or outcomes from the last five years of the CCDT's development do you think are most important going forward? (5.5.2)
6. From your perspective, have there been any surprises or unanticipated outcomes related to the development of the CCDT? (5.5.3)



7. As we discussed, the current mandate of the CCDT is to act as an advisory body only. How effective has it been in this role? Do you feel that this role continues to be the appropriate one? If not, what other role could the CCDT play? (1.1.2)
8. Overall, how can the CCDT better affect the development of coordinated Organ and Tissue Donation and Transplantation (OTDT) activities in Canada? Are there any improvements that can be made in this area? What key factors are facilitating or hindering the achievement of this long-term goal? (5.4.1)
9. Finally, has the CCDT enhanced the credibility of Organ and Tissue Donation and Transplantation (OTDT) in Canada? Why/why not? Examples? How has it done this? (6.5.1)
10. Do you have any final comments about the success of the CCDT in its first mandate?

Thank you for your contribution to this evaluation.



Appendix 5 Internet Survey Subgroup Analysis



The following table summarizes the mean responses of the groups when asked to rate the effectiveness of various components of the CCDTs organizational structure.

Table 1: Effectiveness of Components

(n=138)

Please rate the effectiveness of the following components of the CCDT's organizational structure in supporting its ability to achieve its mandate, namely providing the CDM with advice on issues related to organ donation and transplantation (A five-point scale has been provided where 1 = Very ineffective and 5 = Very effective):	Council Members and FPT/ Ex-Officio		OTDT Stakeholders (OPO, OTO, Eye & Tissue Centres)		Experts		Professions & NGOs		Care Providers		Total	
	n	Mean	N	Mean	N	mean	n	Mean	N	mean	N	mean
a) Operating as a Secretariat within Health Canada.	21	2.71	32	3.31	18	3.67	12	3.42	4	2.75	87	3.23
b) Operating independently as a non-profit organization funded by Health Canada	22	3.86	36	3.61	25	4.20	14	3.64	6	3.50	103	3.81
c) Reporting to Health Canada and the CDM on work plan initiatives and recommendations	23	3.52	31	3.58	23	4.00	12	3.67	6	3.83	95	3.69
d) Having a central administrative office to coordinate activities and conduct policy research (e.g., reviews, environmental scans, publications, research reports, best practice guidelines, briefings)	22	4.32	38	3.58	28	3.96	18	3.67	6	3.83	112	3.85
e) Making extensive use of volunteer committees to address specific issues	19	4.11	34	3.82	30	4.10	15	3.80	7	4.29	105	3.98
f) Working collaboratively with multi-level stakeholders	22	4.27	40	3.75	33	4.15	19	3.84	8	4.25	122	4.00

The following table summarizes the mean responses of the groups when asked to rate how successful the CCDT has been in coordinating and integrating activities related to OTDT in Canada:

Table 2: CCDT Activities
(n=138)

How successful has the CCDT been in coordinating and integrating activities related to OTDT in Canada in the following areas (A five-point scale has been provided where 1 = Very unsuccessful and 5 = Very successful):	Council Members and FPT/ Ex-Officio		OTDT Stakeholders (OPO, OTO, Eye & Tissue Centres)		Experts		Professions & NGOs		Care Providers		Total	
	n	Mean	N	Mean	N	mean	n	Mean	N	mean	N	mean
a) Developing work plans reflective of emerging needs and interests in OTDT	23	4.26	37	3.54	31	3.81	18	3.67	8	4.00	117	3.80
b) Contributing to increased policy research related to OTDT (e.g., reviews, environmental scans, publications, research reports, best practice guidelines, briefings)	23	4.26	36	3.64	31	3.97	16	3.50	7	3.86	113	3.85
c) Conducting consultations and forums related to OTDT	23	4.57	37	3.81	32	4.28	18	3.89	7	4.14	117	4.12
d) Supporting partnerships and networks related to OTDT	21	3.81	35	3.26	29	3.83	17	3.65	6	3.50	108	3.59
e) Building consensus and linkages related to OTDT	23	4.00	36	3.67	30	3.97	17	3.71	6	4.33	112	3.86
f) Synthesizing information and preparing reports, resources and recommendations related to OTDT (e.g., reviews, environmental scans, publications, research reports, best practice guidelines, briefings)	24	4.21	37	4.00	30	4.30	18	3.83	7	4.14	116	4.10



The following table summarizes the mean responses of the groups when asked to provide their opinion regarding the extent to which CCDT has achieved its designated outcomes.

Table 3: Designated Outcomes

(n=138)

Please provide your opinion by rating the extent to which CCDT has achieved its designated outcomes (A five-point scale has been provided where 1 = Not at all and 5 = A great deal).	Council Members and FPT/ Ex-Officio		OTDT Stakeholders (OPO, OTO, Eye & Tissue Centres)		Experts		Professions & NGOs		Care Providers		Total	
	n	Mean	N	Mean	N	mean	n	Mean	N	mean	N	mean
a) Has CCDT been successful in generating and sharing a national body of knowledge related to OTDT in Canada?	23	3.87	38	3.92	33	3.97	21	3.71	7	3.29	122	3.85
b) Has the work of CCDT contributed to improvements in health care practices related to OTDT in Canada?	21	3.71	35	3.63	29	3.90	18	3.67	6	3.17	109	3.70
c) Has the work of CCDT contributed to improvements in OTDT policies and procedures within organizations in Canada?	20	3.75	35	3.63	27	3.81	18	3.67	6	3.17	106	3.68
d) Has the work of CCDT contributed to improvements in OTDT policies and procedures in the Federal / Provincial / Territorial (FPT) government levels?	20	3.30	30	3.23	16	3.19	13	3.15	3	2.00	82	3.18
e) Have OTDT best practices developed by CCDT been adopted by stakeholders, including provinces and territories?	19	3.42	33	3.36	24	3.21	12	3.25	5	3.00	93	3.30
f) Has CCDT been successful in contributing to increased policy research related to OTDT in Canada? (e.g., document reviews, environmental scans)	22	3.73	30	3.33	28	3.57	13	3.08	2	3.50	95	3.46
g) Has CCDT been successful in contributing to the development of coordinated activities related to OTDT at the FPT levels?	21	3.19	33	3.12	27	3.56	15	3.27	6	3.17	102	3.27



CCDT Knowledge Products

The following table summarizes the mean responses of the groups when asked to rate a list of key reports prepared by the CCDT. If they had read a particular report they were then asked to rate its utility.

Table 4: CCDT Knowledge Products

(n=138)

Please provide your opinion by rating the extent to which CCDT has achieved its designated outcomes (A five-point scale has been provided where 1 = Not at all and 5 = A great deal).	Council Members and FPT/ Ex-Officio		OTDT Stakeholders (OPO, OTO, Eye & Tissue Centres)		Experts		Professions & NGOs		Care Providers		Total	
	n	Mean	N	Mean	N	mean	n	Mean	N	mean	N	mean
a) Planning and Budgeting Public Awareness and Education Initiatives to Promote Organ and Tissue Donation: A CCDT Planning Guide (2005)	15	3.27	24	3.29	14	3.79	9	3.67	4	3.50	66	3.45
b) Diverse Communities' Perspectives on Organ and Tissue Donation and Transplantation: Summary Report (2005)	18	4.00	18	3.28	14	3.79	8	3.50	3	3.00	61	3.62
c) Severe Brain Injury to Neurological Determination of Death Forum Report and Recommendations (SBINND) (2003)	22	4.64	32	4.41	19	4.32	12	4.58	6	4.50	91	4.47
d) Medical Management to Optimize Organ Donor Potential Forum Report and Recommendations (MEMODOP) (2004)	21	4.33	31	4.29	18	4.50	13	4.15	5	4.20	88	4.32
e) Donation After Cardiocirculatory Determination of Death Forum Report and Recommendations (DCD) (2005)	20	4.15	30	3.73	20	4.50	10	3.40	5	4.20	85	4.00
f) Assessment and Management of Immunologic Risk in Transplantation (2005)	15	3.80	21	3.71	17	4.35	8	3.88	3	3.67	64	3.92
g) Demand for Human Allograft Tissue in Canada (2003)	14	4.21	15	3.60	11	3.91	2	2.00	2	3.00	44	3.77
h) Demand for Human Allograft Tissue in Canada: Integrating Dental Industry (2003)	10	3.50	8	3.25	6	4.00	2	2.50	2	3.50	28	3.46
i) Supply of Human Allograft Tissue in Canada- Final Report (2003)	10	3.80	14	3.64	10	4.10	3	3.33	2	3.50	39	3.77





Appendix 6: Response to the BearingPoint 2003 Formative Evaluation



Formative evaluation report recommendations with CCDT response

RECOMMENDATION		CCDT RESPONSE
CCDT MANDATE AND RELATIONSHIP TO CDM and HEALTH CANADA		
1	That the priority of the CCDT be organ, cell and tissue donation and tissue banking.	The Council believes there is a continuum from donation through transplantation and that there are transplantation issues related to waitlists and organ allocation that the CCDT is uniquely positioned to address. The Council position was that, for the remainder of its first mandate, it should continue to focus on addressing donation and transplantation issues related to perfusable organs (heart, kidneys, lungs, liver, whole pancreas, stomach, small intestine and bowel) and tissues (cardiovascular, skin, Islets, musculoskeletal, amnion and ocular tissues). It could address issues related to other tissues and cells in the second mandate, if the CDM so requested and if the CCDT membership and budget were augmented to provide the necessary expertise. The CCDT work plans for 2004-2006 and 2005-2007 reflected these priorities.
2	That the Council continue as an advisory body in providing informed advice to the CDM consistent with the roles of the federal, provincial and territorial governments in the provision of health services to their residents.	CCDT agreed with this recommendation. Work plans and outputs/ deliverables (including recommendations and advice) continued to reflect this advisory role.
3	That the CCDT be confirmed as an unincorporated body responsible and accountable to the FPT governments within the parameters established by the FPT governments. Further, that the parameters established by the FPT governments be clarified and strengthened through the development and signing of a Memorandum of Understanding and Letter of Agreement that would replace the current Terms of Reference and the pending FPT Accord (pending legal advice).	Health Canada did not support replacing Terms of Reference with a Memorandum of Understanding and Letter of Agreement. Instead, the CCDT became an incorporated not-for-profit organization. CCDT and Health Canada signed a Contribution Agreement in June 2005.
4	That the CCDT review and update its bylaws to be consistent with the proposed FPT CDM Memorandum of Understanding and Letter of Agreement.	CCDT by-laws were revised to accommodate requirements of a not-for-profit corporation in April 2006.
5	That the CDM conclude a final review of the residual indemnification and determine the necessity for this provision and its inclusion in the FPT Accord. Further, that the CDM pursue the appropriateness of a Memorandum of Understanding and Letter of Agreement that could accomplish the objectives to be accomplished through the FPT Accord, hence replacing the need for the FPT Accord.	As a not-for-profit corporation, the CCDT carries appropriate insurance including Directors and Officers Errors and Omissions Liability insurance, Commercial General Liability Insurance and also has a Business Travel Policy.
6	That the completion of the Contribution Agreement be expedited in accordance with the proposed Memorandum of Understanding and Letter of Agreement and the renewed CCDT mandate.	CCDT and Health Canada signed a Contribution Agreement in June 2005.
CCDT GOVERNANCE STRUCTURE AND FUNCTIONS		
7	That the Council be configured as a governing board with a clear understanding of its source and scope of authority and responsibility in accordance with the advisory mandate of the CCDT. Further, that a job description be developed that clearly identifies the functions and tasks to be carried out by Council members along with the core competencies (qualifications, skills, experiences and attitudes) required of Council members.	The CCDT is configured largely as a governing board, as outlined in the CCDT By-laws and the Roles & Responsibilities package developed for the Council, Chair, Executive Committee, Nominating Committee and Chief Executive Officer.
8	That the membership (size and required expertise) of the Council be re-considered. Further that the nomination and appointment processes for the Chair and members	The CCDT By-laws #2 (post-incorporation) outlines the role of the Nominating Committee. A Nominating Committee Package was developed including Roles & Responsibilities; Council



RECOMMENDATION		CCDT RESPONSE
	be articulated and carried out by the FPT CDM, more closely aligning overall responsibility and accountability for the effective performance of the CCDT.	representation chart; Nomination process; Candidate Assessment Instrument etc. Council handles its membership process through the Nominating Committee, based on expertise required to carry out priorities, and then informs the CDM.
9	That orientation and ongoing development procedures and processes be planned and implemented for the CCDT Chair and Council.	A Council Orientation Binder and an Ex-Officio Orientation Binder have been developed. In addition, the Chair and CEO spend time with incoming Council and Ex-Officio members via teleconference or in-person as part of their orientation.
10	That the Chair of the Council be re-considered given the performance expectations and the required skill sets.	The CCDT Chair at the time of the formative evaluation resigned. The term for the current Chair was extended to the end of the first mandate (March 31, 2007).
11	That a job description be developed for the Chair that clearly outlines the role and responsibilities of the Chair and the required core competencies for the position of the Chair. Further that a performance review procedure and process be developed and implemented for the Chair position.	Chair Roles & Responsibilities were developed. An independent management consulting firm undertook a Chair Performance Review. A performance review instrument was developed and a 360-degree performance review was completed in July 2006.
12	That the CDM replace the Ex-Officio observers with a Government and Stakeholder Liaison Group that will serve as an advisory body to the CCDT. The liaison group would serve as a resource regarding current and emerging issues and developments in donation and transplantation, developments happening within government and non-governmental organizations, environmental scans, etc.	The CDM decided to retain the Ex-Officio group but committed to reviewing its membership in light of the CCDT request to develop advice on implementation strategies. Additional Ex-Officio members have been added as an interim measure to ensure appropriate and full representation of jurisdictions and stakeholders. The idea of a Stakeholder Liaison Group will be revisited in the second mandate. Ex-Officio observer positions are described in CCDT post-incorporation By-laws.
13	That closure be brought to the honoraria issue through clarification and communication in the proposed Memorandum of Understanding and letter of agreement and/or the Contribution Agreement.	The CCDT developed an honoraria policy. A maximum amount of honoraria was set by Health Canada in the Contribution Agreement.
CCDT ADMINISTRATIVE STRUCTURE AND FUNCTIONS		
14	That the Council hire an executive manager or enter into an arrangement with a management firm to carry out the day-to-day work of the Council. Responsibilities would include project management, contract management and administrative support to Council.	Since becoming an independent not-for-profit organization, the CCDT has developed an appropriate organizational and management/ executive structure to support its work. There is currently an Initiative Team that works with the three Standing Committees on work plan initiatives. As well, the Corporate Services area coordinates and supports Council.
15	That a job description and/ or contract be developed for the executive manager or management firm that clearly outlines the role, responsibilities, functions and tasks of the executive manager/ management firm and the required core competencies.	Role descriptions were developed for all CCDT staff including:: CEO; Managing Director of Initiatives; Directors of Initiatives, Director of Corporate Services; Director of Finance; Communications Manager; Information Systems Manager; Research Coordinator; Financial Administrator; Executive Assistant to the CEO; Executive Assistant to Corporate Services; Senior Administrative Assistant; Communications Coordinator; and IT Coordinator; .
CCDT STANDING COMMITTEES AND OTHER COMMITTEES AND WORKING GROUPS		
16	That the CCDT replace the current Standing Committee structure with a flexible working group structure organized around initiatives (Initiative Teams) to distribute the workload, provide a better match between the content expertise and the initiative and increase the involvement of Council members in leadership roles and specific areas of interest. This working arrangement would facilitate development and coordination of the initiatives under the direction of the Secretariat.	The CCDT decided to maintain its existing committee structure for the duration of the first mandate. However, a Governance Review was planned for the fall of 2006 to ensure that CCDT's governance is reflective and appropriate to its renewed mandate.
17	That the CCDT review the necessity for existing committees and working groups in light of the previous	The CCDT has maintained its existing Standing Committee structure but also uses Initiative Steering Committees for many



RECOMMENDATION		CCDT RESPONSE
	recommendation regarding the disposition of the Standing Committee structure. Where a committee is deemed necessary and not related to a specific Council initiative, that specific terms of reference be developed and approved by Council prior to their initiation.	work-plan initiatives (e.g. consensus forums). Terms of Reference are consistently developed for each initiative.
OTHER RECOMMENDATIONS FOR IMPROVING THE EFFECTIVENESS AND EFFICIENCY OF THE CCDT CORE BUSINESS PROCESSES		
18	That the Council implement a process to define measurable key performance indicators and establish targets and timelines that will define the ends that will be achieved by the CCDT and the coordinated FPT strategy.	The following were developed to support CCDT performance measurement: <ul style="list-style-type: none"> • Results-Based Management Framework • Results-Based Accountability Framework • Logic Model/Program Theory • Summative Evaluation Framework and Strategy
19	That the Council recommend a model that would provide the content for a coordinated FPT strategy and a framework for reporting the results of CCDT work to the CDM.	A model was included in the work plan for 2004-2006. A strategic framework was also developed, and will be revisited as part of the new mandate development process.
20	That the Council adjust the annual planning timelines to submit the work plan and budget for the following fiscal year to the CDM in November in order to receive the necessary approvals well in advance of the start of the new fiscal year.	The CCDT submitted its work plan for 2004-2006 to the CDM on April 30, 2004, as requested, and it was approved on June 18, 2004. The work plan and budget for 2005-2007 were developed in conjunction with the transfer from Health Canada.
21	That the Council develop a formal process to evaluate and prioritize existing and proposed initiatives against an explicit set of criteria linked to the CCDT mandate and key performance indicators.	Potential CCDT initiatives are assessed based on a number of criteria including: 1) input from Standing Committee members; 2) stakeholder input; 3) the Strategic Framework. See also #18, above, for performance measurement.
22	That the Secretariat develop a critical path for all initiatives in the form of a one-page schematic that shows the rational sequencing and inter-relationship of all initiatives starting with a 3-5 year time horizon followed by a fiscal year snapshot to demonstrate the contribution to specific recommendations and key performance indicators.	The CCDT has developed a Strategic Framework to which all initiatives can be linked and sequenced. It also developed a Project Planning and Tracking Package including: a) Advice Cycle; b) Gantt Charts/ Critical Pathways; c) Work plan; d) Budget sheets.
23	That the Secretariat implement a project-based accounting system to track CCDT and external consultant costs to specific initiatives to enhance the fiscal management and reporting of the operations of the CCDT.	Changes to meet this recommendation were underway as of April 2006. The CCDT has established and maintains a Chart of Accounts that correlates with work plan initiatives to track costs by initiative.
24	That the Secretariat assign responsibility to the program consultants to maintain timely and accurate MS Project files for each initiative to support the day-to-day management of project activities and various levels in the organization.	A number of tools are utilized for day-to-day project management and reporting. These include: 1) weekly meetings of the Initiative Team; 2) Initiatives are assigned Directors in both a Lead and Support position; 3) regular budget meetings; 4) formal initiative reports are used to report progress to Council and other committee levels. See also #22, above.
25	That the Secretariat develop and implement a formal process to evaluate each initiative within two weeks of completion against pre-determined criteria that encompass the internal team and external consultant within a continuous improvement framework.	The CCDT agreed to formally evaluate each initiative. Evaluation criteria for each initiative are developed. See also #18, above.
26	That the Secretariat expand the role of program consultants in approving payments for initiative-related expenditures consistent with improvements in project accounting and management systems.	This practice was instituted in the summer of 2003. There are two steps in the payment approval process: a sign off by a CCDT Director/ Manager and an approval by the CEO. Deliverables are matched to contracts and invoices are matched to products. Contract Packages were developed.
27	That the Secretariat develop an executive summary report that measures the progress towards key	At the June 18, 2004 CDM meeting, the CDM directed the CCDT to report to them annually in December (see Annual Reports,



RECOMMENDATION		CCDT RESPONSE
	performance indicators and provides a vehicle to report results on a monthly basis to Council and on a quarterly basis to CDM.	2003, 2004, 2005). The CEO reports to the Executive Committee and Council quarterly regarding finances, operations and initiative progress. See also #18, above.
28	That the Secretariat develop competency profiles for program consultant positions that minimally reflect experience with health care management practices associated with project management, planning, performance management, costing, policy and standards development, clinical transformation, information management system design and executive level communication abilities.	Position Descriptions that include functional responsibilities have been developed for all CCDT positions. See also #15, above.
29	That the Secretariat assess current program consultants against the new competency profiles and make the necessary adjustments to provide an enhanced and more consistent level of service to the Council and Initiative Teams.	Position Descriptions that include functional responsibilities have been developed for all CCDT positions. Staff are recruited based on competencies.
30	That the Secretariat implement a formal competency-based performance evaluation system for all program consultants and staff (including contract personnel) that features mutual goal setting, measurable targets, professional development program, 360-degree feedback and written mid-year and annual performance reviews.	When the CCDT was part of Health Canada, staff underwent annual HC performance appraisals. CCDT has developed detailed position descriptions as well as a performance review process for all staff. A CEO Performance Review was completed in July 2006. Performance Reviews of all other CCDT staff were to be completed by the end of September 2006.
31	That the Secretariat develop extensive document templates that must be used for official CCDT electronic and paper-based communications and introduce a quality assurance process to ensure the key documents reflect corporate format and content standards.	The CCDT has developed the following document templates to establish a common look and feel for electronic and paper documents: <ul style="list-style-type: none"> • CCDT Graphic Standards Manual • CCDT Writer's Guide • Presentation Template-Internal Audiences • Presentation Template-External Audiences • Corporate Forms Guides (i.e. letters, policies, briefs etc).
32	That the Secretariat redesign the Intranet site to function as a user-friendly comprehensive knowledge repository supported by appropriate content management processes to capture and categorize information in a way that enables key word searches and retrieval.	The Intranet site was redesigned and launched in February 2006.
33	That the CCDT develop, for approval by the CDM, a communications strategy that incorporates a monthly newsletter and Internet and/ or Extranet technologies to improve communications with external stakeholders.	The CCDT has developed a Communications Framework and external website to improve communications with external stakeholders.





Appendix 7: Evidence Table



Evaluation Question	Evidence	Conclusion	Recommendation
Foundational Supports and Inputs			
How has Health Canada's RMAF supported the performance measurement and evaluation strategies of CCDT?	<ul style="list-style-type: none"> • The Health Canada RMAF provided a critical component of the overall architecture of this evaluation. • Key research questions in this evaluation are those provided by the RMAF. 	The Health Canada RMAF provided a critical component of the overall architecture of this summative evaluation.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>
Why was CCDT established?	<ul style="list-style-type: none"> • Three seminal documents, Organ and Tissue Donation and Distribution in Canada: A Discussion Document. (1996), Organ and Tissue Donation and Transplantation: A Canadian Approach (1999), and A Coordinated and Comprehensive Donation and Transplantation Strategy for Canada (1999) (known as the Framework Report) provided the rationale for the establishment of the CCDT. • They raised the long-standing issue of organ and tissue shortages in Canada, assessed these issues, and recommended strategies for improvement. • They provided the rationale, impetus, and original organizational structure for the CCDT. 	The CCDT was established in response to identified organ and tissue shortages in Canada. A series of three seminal reports produced at the national level provided the rationale, impetus and structure for the CCDT.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>
How has the federal/ provincial/ territorial and regional division of powers influenced the way CCDT provides advice?	<ul style="list-style-type: none"> • The division of powers with regard to health matters in Canada has had a major influence on the way in which the CCDT provided advice and effected change. • There are very loose linkages amongst the various players at the CCDT table: <ul style="list-style-type: none"> • Between the CDM and FPT governments, • Between the federal government and the provincial and territorial governments, • Among the FPT governments, health regions, and OTDT organizations, and • Among health regions and hospitals, professional organizations, and service providers. • The CCDT was established to provide advice to the CDM and it was hoped that system change would result. • No accountability loops or feedback requirements were built into this structure to either track change or to monitor impact. 	The division of powers has had a significant influence on the way the CCDT provides advice and affects change. There is room for improved feedback on the adoption and implementation of advice provided by the CCDT and for improved linkages and collaboration among the stakeholders responsible for influencing OTDT system change.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>



Evaluation Question	Evidence	Conclusion	Recommendation
To what extent has the work of CCDT addressed its terms of reference?	<ul style="list-style-type: none"> The CDM planned to review its Terms of Reference at the end of the five-year mandate. The CCDT RMAF addresses the Terms of Reference in its logic model and Evaluation Strategy and hence they are addressed throughout this summative evaluation. 	The achievement of the CCDT's Terms of Reference has been addressed in this summative evaluation by using the RMAF to guide the evaluation. The RMAF was built using the CCDT's Terms of Reference.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>
What is the organizational structure of CCDT?	<ul style="list-style-type: none"> In 2005 the CCDT changed its organizational structure from a Secretariat within Health Canada to that of a federally incorporated not-for-profit organization fully funded by Health Canada. Governance and administrative structures and functions were clearly defined at that time The basic reporting structure to the CDM has remained unchanged. 	The current organizational structure of the CCDT is that of a federally incorporated not-for-profit organization fully funded by Health Canada.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>
What role do the various CCDT committees play?	<ul style="list-style-type: none"> The role of CCDT committees is to scope out and direct research in order to bring forward standards, policies and best practices for review and ratification by the CCDT. The knowledge products developed by the committees provide the basis for the advice that is then forwarded to the CDM. 	The CCDT committees play an essential role in the development of the knowledge products that provide the basis for advice forwarded to the CDM.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>
Is the current design of CCDT an effective way to formulate its advice about OTDT to CDM?	<ul style="list-style-type: none"> Stakeholders rated the current organization structure, as a non-profit organization funded by Health Canada with a central administrative office was rated as very effective. The current reporting structure to Health Canada was rated as effective. The former structure as a Secretariat within Health Canada was seen as less effective, particularly by Council Members and FPT/ Ex-Officio Members. 	The current organization structure, as a non-profit organization, funded by Health Canada with a central administrative office, is seen to be effective.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>
What impact does CCDT's contribution agreement have on its ability to achieve its objectives?	<ul style="list-style-type: none"> The contribution agreement between CCDT and Health Canada for its new organizational structure came into effect in 2005. 	It is too soon to evaluate the impact of the CCDT's contribution agreement as it has only been in effect for one year.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>



Evaluation Question	Evidence	Conclusion	Recommendation
How have the CCDT's strategic plans and work plans been implemented?	<ul style="list-style-type: none"> The CCDT prepared a number of planning documents and work plans for the period 2002-2007. Work plans became increasingly effective after the formative evaluation in 2003. By 2005-2007, the CCDT was able to address most work plan activities suggesting that its new organizational structure has facilitated initiative completion. 	Over time, the CCDT has been able to address its work plans more effectively, particularly since 2005, suggesting that its new organizational structure is better able to support the completion of planned activities.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>
What forms of internal/external communications does CCDT use?	<ul style="list-style-type: none"> The CCDT has developed and implemented a comprehensive strategy for both internal and external communications. Extensive work has been done to develop communication tools and create a corporate brand. 	The CCDT has a comprehensive strategy for both internal and external communications	<i>Recommendations for Summative Evaluation focus on Outcomes</i>
How do volunteers support CCDT?	<ul style="list-style-type: none"> Volunteers play a critical role in all of the work done by the CCDT. Volunteers are the lifeblood of the CCDT and the multi-faceted products and activities that have been completed to date could not have been done without them. 	Volunteers are essential to the work of the CCDT and the multi-faceted products and activities completed to date could not have been done without them.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>
What types of partnerships and collaborations have been established by CCDT?	<ul style="list-style-type: none"> A very broad range of OTDT partners and collaborators have become involved in CCDT activities. Stakeholders indicated that the CCDT's collaboration with multi-level stakeholders and its extensive use of volunteer committees were effective ways of working to achieve its mandate. 	A broad range of partners, collaborators and multi-level stakeholders have been involved in CCDT activities. This is seen as an effective way of achieving the CCDT's mandate.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>
Implementation Process and Key Activities			
How does the CCDT develop knowledge and provide the CDM with quality advice?	<ul style="list-style-type: none"> The CCDT Advice Cycle was designed as a model to describe the process by which the CCDT develops knowledge and provides the CDM with quality advice. There are seven key components that contribute to the development of advice. Monitoring the implementation of advice was recently added to the Cycle at the request of the CDM. It generally takes between 18 and 24 months to complete the Advice Cycle for one issue or topic. 	The CCDT engages in a seven-step cycle of developmental activities for each topic that is addressed. It generally takes between 18-24 months to complete one full cycle.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>



Evaluation Question	Evidence	Conclusion	Recommendation
What were the key activities of the CCDT during its first mandate?	<ul style="list-style-type: none"> • During its first mandate the CCDT went through three developmental stages: the formative years (2001-2003); the developmental year (2004-2005); and the transition year (2005-2006). • The three Standing Committees identified and pursued a number of specific issues during each of these periods by conducting activities related to these issues and developing knowledge products and advice. • Over the five-year period, the CCDT took on a growing number of tasks and challenges, and increasingly was able to produce important outputs. 	Throughout the three stages of the CCDT's development in its first mandate, and increasingly over time, the three Standing Committees (as well as other initiative-based committees) conducted activities and produced knowledge products and advice for the CDM	<i>Recommendations for Summative Evaluation focus on Outcomes</i>
Products and Outputs			
What recommendations has CCDT made in relation to OTDT in Canada?	<ul style="list-style-type: none"> • The CCDT produced eight Briefing Notes during the first five-year mandate of the CCDT and these constituted advice to the CDM. • Each Briefing Note resulted from a consensus forum or a consultation, both of which brought together national and international experts. • Each Briefing Note resulted in a number of knowledge products that were disseminated to stakeholders in the OTDT community. 	Eight Briefing Notes were produced for the CDM; each resulted from a consensus forum; each produced a number of knowledge products that were disseminated to the OTDT community.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>
What briefings have been prepared related to emergent issues identified by CCDT?	<ul style="list-style-type: none"> • The CCDT responded to emerging issues as needed. • One formal set of recommendations was prepared for an FPT Advisory Committee on tissue implants. 	The CCDT responded to emerging issues as needed. One set of recommendations was prepared in response to a specific request.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>
What reviews of literature and policy and legal/ ethical issues, environmental scans, surveys, datasets, tools or educational resources, articles in peer-reviewed journals, and other research reports has CCDT written and disseminated related to OTDT in Canada?	<ul style="list-style-type: none"> • The knowledge products developed by the CCDT during its first five-year mandate included: <ul style="list-style-type: none"> • 44 research reports; • 42 environmental scans; • 33 surveys; • 31 reviews; • 10 publications; and • 3 tools/ resources. 	A total of 122 documents, including advice to the CDM, knowledge products, and consensus recommendations have been produced by the CCDT since its inception.	<i>Recommendations for Summative Evaluation focus on Outcomes</i>



Evaluation Question	Evidence	Conclusion	Recommendation
<p>What non-regulatory standards, clinical practice guidelines and best practice guidelines has CCDT created related to OTDT in Canada?</p>	<ul style="list-style-type: none"> • The non-regulatory standards, practice guidelines and best practice guidelines developed by the CCDT during its first five-year mandate included: <ul style="list-style-type: none"> • 6 Best Practice Guidelines; • 4 Non-regulatory Standards; and • 4 Clinical Practice Guidelines. • These products were the result of a number of consensus forums and consultations that have been held since 2003. • The information produced has been disseminated to both the CDM and to the broader OTDT community for possible adoption. 	<p>The CCDT produced a number of best practice/clinical guidelines and standards during its first mandate.</p>	<p><i>Recommendations for Summative Evaluation focus on Outcomes</i></p>
<p>Relevance of the CCDT</p>			
<p>Is there a continued need for the federal government's involvement in the development of a coordinated FPT strategy to improve organ and tissue donation and transplantation in Canada? (RMAF)</p>	<ul style="list-style-type: none"> • Federal involvement is necessary to address several unique and critical roles—The Key Informants strongly supported the continued involvement of the federal government in the development of a coordinated FPT strategy for OTDT: <ul style="list-style-type: none"> • To provide national leadership and a pan-Canadian authority to the issue; • To address a national responsibility that cannot be addressed by individual provinces or organizations as a result of the division of powers related to health care in Canada; • To provide national funding because no individual province or organization would be able to contribute these resources; • To provide national coordination at a high level in support of cross-jurisdictional and cross-organizational collaboration and reduce duplication of effort; • To provide regulatory oversight to ensure a consistent minimum level of OTDT practice in order to maximize patient safety in Canada. 	<p>The Key Informants strongly supported the continued involvement of the federal government in the development of a coordinated FPT strategy to improve OTDT in Canada. In their view, no other government body or non-governmental group can fulfill this function or address this national responsibility by providing national leadership, funding, coordination and regulatory oversight.</p>	<ol style="list-style-type: none"> 1. The CCDT should continue to work with all stakeholders to ensure that donation and transplantation rates are positively impacted in the next five-year period by <ul style="list-style-type: none"> • Continuing to work with the CDM and a wide variety of OTDT stakeholders to respond to the changing and complex needs of OTDT • Providing leadership, coordination and a pan-Canadian perspective for OTDT.



Evaluation Question	Evidence	Conclusion	Recommendation
<p>Is CCDT the most appropriate organization to provide recommendations to the CDM regarding OTDT or could this function be transferred to another organization? (RMAF)</p>	<ul style="list-style-type: none"> • The Key Informants indicated that the CCDT is the most appropriate organization to provide advice to the CDM. They indicated that the CCDT is already doing a good job providing advice to the CDM and a number of initiatives have already been put into practice. They wondered what benefit could result from another organization taking on this function when it is already being well handled. • Most Key Informants saw the CCDT as the only option for providing advice to the CDM; however this view was not universal and several Key Informants suggested that other health professional organizations or non-governmental organizations could be providing more input as well. 	<p>The Key Informants indicated that the CCDT is the most appropriate organization to provide advice to the CDM and in fact most of them saw the CCDT as the only organization that can fulfill this role.</p>	<ol style="list-style-type: none"> 1. The CCDT should continue to work with all stakeholders to ensure that donation and transplantation rates are positively impacted in the next five-year period by <ul style="list-style-type: none"> • Continuing to work with the CDM and a wide variety of OTDT stakeholders to respond to the changing and complex needs of OTDT and by • Providing leadership, coordination and a pan-Canadian perspective for OTDT.
<p>Formative Evaluation Results</p>			
<p>To what extent have the issues regarding the governance, staffing, project management, communication and evaluation, as highlighted in the 2003 BearingPoint formative evaluation, been addressed by CCDT in their entirety? (RMAF)</p>	<p>The formative evaluation provided the impetus for organizational change.</p> <ul style="list-style-type: none"> • The issues identified in the 2003 BearingPoint formative evaluation have all been addressed. These include the CCDT mandate and relationship to the CDM and Health Canada, CCDT governance structure and functions, CCDT administrative structure and functions, CCDT standing committees and other committees and working groups, and other recommendations for improving the effectiveness and efficiency of the CCDT core business processes. • A significant body of documentation was prepared in response to these recommendations and it has provided the foundation for good organizational practices going forward. • The CCDT has moved on and made significant progress since the 2003 BearingPoint formative evaluation. The formative evaluation has fulfilled its purpose and, at this point in the development of the CCDT, should be laid to rest. The turnaround that has been achieved in a fairly short period of time is noteworthy. 	<p>The issues identified in the 2003 BearingPoint formative evaluation have been addressed and all the report's recommendations have been adopted or addressed. The CCDT has moved on and made substantial and noteworthy progress since then.</p>	<ul style="list-style-type: none"> • None



Evaluation Question	Evidence	Conclusion	Recommendation
Immediate Outcomes			
<p>Has CCDT been successful in generating and sharing a national body of knowledge related to OTDT in Canada? (RMAF)</p>	<ul style="list-style-type: none"> • A body of knowledge related to OTDT in Canada has been generated and shared. Stakeholders rated the CCDT as being successful in generating and sharing a body of knowledge related to OTDT in Canada. Their mean rating for this item was 3.85. • The CCDT is filling a gap. Key Informants indicated that the CCDT was filling a gap that had been experienced prior to its inception in terms of both identifying issues and developing consensus on them. • More dissemination of the knowledge produced needs to occur. Key Informants suggested that there was a need to disseminate the knowledge produced from these efforts more widely. Since the transfer to a non-profit status, dissemination strategies have been more actively pursued. 	<ul style="list-style-type: none"> • The CCDT has been very successful in generating and sharing a body of knowledge related to OTDT in Canada. • More dissemination of knowledge products needs to occur. 	<p>3.The CCDT should continue to foster the diffusion of information about OTDT by:</p> <ul style="list-style-type: none"> • Increasing and broadening dissemination strategies to ensure that information is shared in a more timely way, using a wider variety of media and targeting health care providers as well as policy makers • Disseminating recommendations, knowledge products and practice guidelines throughout the OTDT community • Raising the profile of the knowledge gained through the activities of the CCDT and its stakeholders in the international community.



Evaluation Question	Evidence	Conclusion	Recommendation
<p>To what extent has the advice from CCDT been received/ responded to and/ or adopted by stakeholders? (RMAF)</p>	<ul style="list-style-type: none"> • The findings are based on the nine reports identified in this evaluation as exemplars of potential knowledge transfer. • Stakeholders rated the utility of nine sample CCDT reports very highly. Survey results included the following: Three reports were read by over 60% of survey respondents and were rated as very useful with mean ratings of 4.0-4.47; • Six reports were read by fewer respondents (20-47%) but were also rated as useful to very useful with mean rating of 3.46—3.92; • CCDT recommendations and guidelines have been adopted or endorsed—Anecdotal evidence suggests that recommendations or guidelines in the nine selected reports have been adopted, endorsed, or used in a number of organizations, <i>DCD</i> (2005) was mentioned the most frequently. • CCDT reports have provided useful background information. Many comments suggested that these reports provided useful background information; <i>SBINND</i> (2003) was mentioned the most frequently. • CCDT reports have influenced health care practice. Two reports have had an influence on health care practice: <i>SBINND</i> (2003) and <i>MEMODOP</i> (2004) were each mentioned 10 times or more. • Dissemination of information produced by CCDT needs to be expanded. A number of respondents were unaware of some of the reports. 	<p>A number of government-level policies were identified that have been developed based on information, reports and recommendations emerging from the CCDT. At the organizational level, the CCDT has contributed to improvements in OTDT policies and procedures. Future policy change is also being planned. As it takes 18-24 months to develop a topic to the point of dissemination, as adoption generally takes place after that, and as the CCDT has only been in operation since late 2001, early evidence of adoption is promising.</p>	<ol style="list-style-type: none"> 1. The CCDT should continue to facilitate OTDT system, practice and policy change by: <ul style="list-style-type: none"> • working with stakeholders towards the goal of advancing OTDT policies, practices and protocols in Canada and by • supporting current linkages as well as by building additional connections with OPOs, NGOs, health profession organizations and health care practitioners



Evaluation Question	Evidence	Conclusion	Recommendation
<p>Has the work of CCDT contributed to improvements in health care practices related to OTDT in Canada? (RMAF)</p>	<ul style="list-style-type: none"> • The CCDT has made a positive contribution to OTDT practice in Canada. Respondents rated the CCDT's contribution quite highly (mean response of 3.70); • Practice change is occurring. Two reports have had an influence on health care practice (<i>SBINND</i> and <i>MEMODOP</i>). <p>The informal diffusion of information is affecting practice. Anecdotal evidence suggests that information produced by the CCDT is being adopted through informal channels, sometimes quite rapidly.</p>	<p>The CCDT has made a positive contribution to health care practice related to OTDT in Canada. The most influential reports to date are <i>SBINDD</i> (2003) and <i>MEMODOP</i> (2004). Anecdotal evidence suggests that Individual health professionals are able to adopt recommendations quickly through informal channels.</p>	<p>3.The CCDT should continue to foster the diffusion of information about OTDT by:</p> <ul style="list-style-type: none"> • Increasing and broadening dissemination strategies to ensure that information is shared in a more timely way, using a wider variety of media and targeting health care providers as well as policy makers • Disseminating recommendations, knowledge products and practice guidelines throughout the OTDT community • Raising the profile of the knowledge gained through the activities of the CCDT and its stakeholders in the international community.
<p>Has the work of the CCDT contributed to improved organ and tissue donation and transplantation policies and procedures within organizations and jurisdictions in Canada? (RMAF)</p>	<ul style="list-style-type: none"> • The work of CCDT has contributed to improvements in OTDT policies and procedures within organizations in Canada— Survey respondents rated the CCDT's contribution quite highly (mean of 3.68); • Evidence of improvements in policies and procedures in Canadian health organizations resulting from the work of the CCDT was provided—In particular, anecdotal evidence suggests: • OTDT policy change has occurred—Specific OTDT policies and procedures at the organizational level are being developed or changed as a result of the reports and recommendations provided by the CCDT. • Future OTDT policy change is planned—CCDT reports and recommendation are being accessed as an information resource for policy changes that organizations are planning for the near future. 	<p>The work of the CCDT has contributed to OTDT policies and procedures in Canadian health organizations. Study respondents provided anecdotal evidence that OTDT policy change has occurred. Plans also exist for future policy change.</p>	<p>2.The CCDT should continue to facilitate OTDT system, practice and policy change by:</p> <ul style="list-style-type: none"> • working with stakeholders towards the goal of advancing OTDT policies, practices and protocols in Canada, and • supporting current linkages as well as by building additional connections with OPOs, NGOs, health profession organizations and health care practitioners more directly into the collaborative approach to system change.



Evaluation Question	Evidence	Conclusion	Recommendation
Intermediate Outcomes			
<p>Has the work of CCDT contributed to improvements in OTDT policies and procedures in the Federal, Provincial, and Territorial government levels? (RMAF)</p>	<ul style="list-style-type: none"> • Survey respondents were somewhat positive about the contributions of the CCDT to OTDT policies and procedures at the FPT levels. They did rate the achievement of this intermediate outcome lower than other intermediate outcomes although their views were still positive. • Anecdotal evidence of OTDT policy change at the FPT levels was provided. A number of government-level policies were identified that have been developed based on information, reports and recommendations emerging from the CCDT: <ul style="list-style-type: none"> • CCDT recommendations influenced the development of tissue banking regulations at the federal level. • CCDT reports and recommendations have influenced changes to policies and procedures at the regional/provincial level. Specific OTDT policies and procedures at the provincial or regional level (i.e., Atlantic Canada) are being developed or changed as a result of the reports and recommendations provided by the CCDT. • Future OTDT policy change is planned. CCDT reports and recommendation are being accessed as an information resource for policy changes that various provincial governments are planning in the near future. • Increased tissue donor rates have resulted in Nova Scotia because of policy changes that were made based on CCDT recommendations. Anecdotal evidence indicated that tissue donor rates have increased in Nova Scotia as a result of the work of the CCDT. 	<p>While survey respondents rated this outcome as the lowest of the intermediate outcomes, their response was still somewhat positive. Anecdotal evidence of OTDT policy change at the FPT levels was provided. A number of government-level policies were identified that have been developed based on information, reports and recommendations emerging from the CCDT. In addition, future policy change is planned.</p>	<p>3.The CCDT should continue to foster the diffusion of information about OTDT by:</p> <ul style="list-style-type: none"> • Increasing and broadening dissemination strategies to ensure that information is shared in a more timely way, using a wider variety of media and targeting health care providers as well as policy makers • Disseminating recommendations, knowledge products and practice guidelines throughout the OTDT community • Raising the profile of the knowledge gained through the activities of the CCDT and its stakeholders in the international community.



Evaluation Question	Evidence	Conclusion	Recommendation
<p>To what extent have OTDT best practices developed by CCDT been adopted by stakeholders, including provinces and territories? (RMAF)</p>	<ul style="list-style-type: none"> • Survey respondents were fairly positive about the adoption of best practices developed by the CCDT—However, limited anecdotal information was provided in the survey. • Key informants provided examples of the regional adoption of best practices developed by the CCDT—They indicated that the work of CCDT is indeed contributing to the adoption of best practice guidelines at both the organizational and government levels. • The most influential reports prepared to date by the CCDT are SBINDD, MEMODOP and DCD—These reports have resulted in the adoption of best practices in several regions. • Health professionals are choosing to adopt best practices regionally—As best practice information is being produced by the CCDT, health professionals are getting together at the regional level and choosing to adopt the recommended approach. 	<p>OTDT Best Practices have been adopted by Stakeholders to some extent. Recommendations from specific reports, including <i>SBINDD</i>, <i>MEMODOP</i> and <i>DCD</i>, have been adopted in several regions. Again, the length of time to adoption must be considered. Anecdotal evidence suggests that health care professionals are getting together to discuss and adopt best practices as they are released by the CCDT.</p>	<p>2.The CCDT should continue to facilitate OTDT system, practice and policy change by:</p> <ul style="list-style-type: none"> • working with stakeholders towards the goal of advancing OTDT policies, practices and protocols in Canada, and • supporting current linkages as well as by building additional connections with OPOs, NGOs, health profession organizations and health care practitioners more directly into the collaborative approach to system change.
<p>Has CCDT been successful in contributing to increased policy research related to OTDT in Canada?</p>	<ul style="list-style-type: none"> • Survey respondents were positive in general terms about the CCDT’s success in contributing to increased OTDT policy research; • Knowledge products and recommendations have been influential—All of the influential reports cited by study participants have been based on a significant amount of policy research. These products are well regarded. • The CCDT’s role in conducting research needs clarification—Participants’ views were mixed about the role of the CCDT in conducting policy research and it was felt that the term “policy research” was not well understood by some who suggested that this role should be clarified. However, it must be noted that the participants valued highly the policy research completed by the CCDT to date. 	<ul style="list-style-type: none"> • Stakeholders recognize that the CCDT has produced a number of briefs, knowledge products and consensus recommendations that are based on policy research and they value this work highly. • A number of Key Informants suggested that the research role of the CCDT needs further clarification. 	<p>3.The CCDT should continue to foster the diffusion of information about OTDT by:</p> <ul style="list-style-type: none"> • Increasing and broadening dissemination strategies to ensure that information is shared in a more timely way, using a wider variety of media and targeting health care providers as well as policy makers • Disseminating recommendations, knowledge products and practice guidelines throughout the OTDT community • Raising the profile of the knowledge gained through the activities of the CCDT and its stakeholders in the international community



Evaluation Question	Evidence	Conclusion	Recommendation
<p>Has CCDT been successful in contributing to the development of coordinated and integrated activities related to OTDT at the FPT levels? (RMAF)</p>	<ul style="list-style-type: none"> • Overall, respondents were fairly positive about the success of the CCDT in developing coordinated and integrated OTDT activities at the FPT levels; • Specific CCDT activities were rated much higher—<i>Conducting consultations and forums related to OTDT and Synthesizing information and Preparing reports, resources and recommendations related to OTDT</i> received very high success ratings. • The Council Members and FPT/ Ex-Officios tended to have the most positive views about the CCDT's success—OTDT Stakeholders were less positive than other sub-groups. • All stakeholders believe that the CCDT should continue its coordination and integration function—In particular it should continue to provide advice to the CDM, identify and respond to overarching OTDT issues, conduct consensus forums on key OTDT topics, communicate with stakeholders from government to grass roots levels and produce credible knowledge products. • All stakeholders stressed the continued and critical need for a coordinated national OTDT strategy in Canada—In particular, organ donation issues, national standards, national registry systems and public awareness needs should be addressed. 	<p>Stakeholders view the CCDT as very successful in coordinating OTDT activities in Canada. They believe that the CCDT should continue its coordination and integration function, should continue to provide advice to the CDM, identify and respond to overarching OTDT issues, conduct consensus forums on key OTDT topics, communicate with stakeholders from government to grass roots levels, and produce credible knowledge products.</p>	<ol style="list-style-type: none"> 1.The CCDT should continue to work with all stakeholders to ensure that donation and transplantation rates are positively impacted in the next five-year period by <ul style="list-style-type: none"> • Continuing to work with the CDM and a wide variety of OTDT stakeholders to respond to the changing and complex needs of OTDT and by • Providing leadership, coordination and a pan-Canadian perspective for OTDT. 5.The CCDT should facilitate OTDT system improvement by: <ul style="list-style-type: none"> • Contributing to the development and implementation of national OTDT information systems and databases and by • Addressing issues associated with creating a national system for OTDT performance and outcomes;
<p>Long-term Outcomes</p>			
<p>To what extent has the CCDT influenced the increase of intended donors, donations, and organs since the inception of the program?</p>	<p>The evaluation did not explore long-term outcomes for the following reasons:</p> <ul style="list-style-type: none"> • The time required to demonstrate change at the level of national health statistics is lengthy; • Governance, administrative, and core business issues that were addressed following the formative evaluation limited the Council's ability to address longer-term issues. • The advice cycle takes 18-24 months to produce influential knowledge products. Few initiatives have been fully completed and disseminated for adoption and many others will only affect change in the coming years. 	<p>Now that the CCDT has established a satisfactory infrastructure and effective policy research development processes, the next five years should focus more directly on the achievement of long-term outcomes.</p>	<ol style="list-style-type: none"> 4.The CCDT should expand public awareness about OTDT by: <ul style="list-style-type: none"> • Continuing to work with a broad range of OTDT stakeholders to develop and implement OTDT public awareness strategies; • Increasing its profile in the OTDT community and with the public by developing additional corporate identity and by expanding communications through the CCDT website and other online strategies.



Evaluation Question	Evidence	Conclusion	Recommendation
To what extent has CCDT contributed to the optimization of transplant outcomes, including access to wait lists, allocation, matching, transplant and transplant follow-up?	<ul style="list-style-type: none"> • As above 	As above	5.The CCDT should facilitate OTDT system improvement by: <ul style="list-style-type: none"> • Contributing to the development and implementation of national OTDT information systems and databases and by • Addressing issues associated with creating a national system for OTDT performance and outcomes;
What is the evidence that the work generated by CCDT in terms of organ and tissue transplantation has contributed to improving the health of Canadians and to saving lives in Canada?	<ul style="list-style-type: none"> • As above 	As above	1.The CCDT should continue to work with all stakeholders to ensure that donation and transplantation rates are positively impacted in the next five-year period by <ul style="list-style-type: none"> • Continuing to work with the CDM and a wide variety of OTDT stakeholders to respond to the changing and complex needs of OTDT and by • Providing leadership, coordination and a pan-Canadian perspective for OTDT. 5.The CCDT should facilitate OTDT system improvement by: <ul style="list-style-type: none"> • Contributing to the development and implementation of national OTDT information systems and databases and by • Addressing issues associated with creating a national system for OTDT performance and outcomes; 6.The CCDT should continuously focus on its own performance and outcomes by: <ul style="list-style-type: none"> • Developing a system to further support and track the adoption of CCDT recommendations by stakeholders; and • Building on its current evaluation activities by refining and implementing performance measurement and evaluation strategies to continually measure CCDT outcomes



Evaluation Question	Evidence	Conclusion	Recommendation
To what extent has the credibility and effectiveness of the OTDT system been enhanced?	<ul style="list-style-type: none"> As above 	As above	5.The CCDT should facilitate OTDT system improvement by: <ul style="list-style-type: none"> Contributing to the development and implementation of national OTDT information systems and databases and by Addressing issues associated with creating a national system for OTDT performance and outcomes;
Overall Success			
How successful has the CCDT been in achieving its mandate during the first five-year period?	15 questions about Program Success were presented in the CCDT's RMAF, and information was obtained on 11 of them in the summative evaluation. Of these, evaluation findings were very positive with regard to 8 of the questions. The CCDT has contributed significantly to, and produced positive change with regard to, the following outcomes: <ul style="list-style-type: none"> Identifying areas of emergent interest in OTDT Developing and disseminating reports and recommendations to improve OTDT in Canada Providing appropriate and high quality advice for stakeholders Generating and sharing a national body of knowledge related to OTDT in Canada Contributing to improved health care practices related to OTDT in Canada Contributing to improved OTDT policies and procedures in organizations and jurisdictions in Canada Contributing to increased policy research related to OTDT in Canada Contributing to the development of coordinated activities related to OTDT 	The CCDT has been very successful in achieving most of the outcomes stated in its mandate (excluding long-term outcomes). It has effected significant positive change in the OTDT community in Canada.	1.The CCDT should continue to work with all stakeholders to ensure that donation and transplantation rates are positively impacted in the next five-year period by: <ul style="list-style-type: none"> Continuing to work with the CDM and a wide variety of OTDT stakeholders to respond to the changing and complex needs of OTDT and by Providing leadership, coordination and a pan-Canadian perspective for OTDT.



Evaluation Question	Evidence	Conclusion	Recommendation
	<p>With regard to three other questions, the CCDT produced positive change; however the extent of the impact was more limited:</p> <ul style="list-style-type: none"> • The advice from CCDT has been received/ responded to and/or adopted (e.g., by provinces and territories, organizations and stakeholders) • The work of the CCDT has contributed to improved OTDT policies and procedures at government levels • The OTDT Best Practices developed by CCDT have been adopted by stakeholders, including provinces and territories. <p>The remaining four questions related to long-term outcomes and it was determined to be too soon after the initial five-year period to anticipate positive change in OTDT rates on a national scale.</p>	<p>The CCDT needs to continue working with stakeholders, including provinces and territories, to enhance the adoption of best practices and the implementation of improved OTDT policies and procedures.</p>	<p>1.The CCDT should continue to work with all stakeholders to ensure that donation and transplantation rates are positively impacted in the next five-year period by:</p> <ul style="list-style-type: none"> • Continuing to work with the CDM and a wide variety of OTDT stakeholders to respond to the changing and complex needs of OTDT and by • Providing leadership, coordination and a pan-Canadian perspective for OTDT.
Cost Effectiveness			



Evaluation Question	Evidence	Conclusion	Recommendation
<p>Is the current design of the CCDT an efficient and effective way to formulate its advice about OTDT to CDM?</p>	<ul style="list-style-type: none"> • Comparison to the pre-CCDT period: Little information was available from this period about how OTDT activities were organized, undertaken or financed. Based on the number of CCDT products/activities that were completed during its first mandate in the areas of public awareness, access issues for OTDT services, the transplantation process, and the donation process, as well as in a number of other important issues related to OTDT, it can be concluded that the CCDT has made significant progress in all areas of the OTDT system as identified by the foundational reports. • Relevance of the CCDT's activities: In the view of the OTDT community, CCDT activities have been very relevant in addressing deficiencies that were identified in the pre-CCDT period. • Performance overall: The CCDT's activity level has risen dramatically during its five-year mandate despite the internal changes that occurred during that period. • Program effectiveness: The CCDT has been quite effective in bringing about changes at the practitioner level, but less so at the government level. • Program economy: Related to the increase in the program budget over the pre-CCDT period, the CCDT has been operating efficiently, with moderately increasing administrative overhead while it has simultaneously generated increasing activities and products. • Program efficiency: Referring to cost-effectiveness or value for money, the number of donations and transplants has not increased and the number of patients on the waitlists has not decreased since 2001; however, this change was not anticipated in the short term. 	<p>The CCDT has been successful in managing its resources efficiently and has made significant progress in all areas of the OTDT system compared to the pre-CCDT period. The CCDT's activity level has risen dramatically over the five-year period and it has been quite effective in bringing about change at the practitioner level but less able to effect change at the government level. While, for the purposes of this evaluation, the short operational time of the CCDT (five years) did not allow for the measurement of improvements in long-term outcomes, it is important to stress that these indicators should be monitored to track progress in the system in future years.</p>	<p>1. The CCDT should continue to work with all stakeholders to ensure that donation and transplantation rates are positively impacted in the next five-year period by:</p> <ul style="list-style-type: none"> • Continuing to work with the CDM and a wide variety of OTDT stakeholders to respond to the changing and complex needs of OTDT and by • Providing leadership, coordination and a pan-Canadian perspective for OTDT.



Evaluation Question	Evidence	Conclusion	Recommendation
<p>Is there an alternative way of delivering the objectives of CCDT in a more cost-effective manner?</p>	<ul style="list-style-type: none"> • In comparison to the CCDT, Australians Donate has a narrower scope of core services, particularly with regard to one important component. The focus of AD is strictly on organ and tissue donation, whereas the CCDT focuses on all aspects of the organ and tissue donation and transplantation system. • Both organizations have consistently reduced the proportion of expenditures to total budget for core operations and Council costs while at the same time, the proportion of expenditures to total budget has increased to support initiatives. Thus in both cases, administrative costs have decreased proportionately while activity costs have increased, suggesting that as the organizations mature, they are using their resources more effectively. 	<p>Compared to a similar but smaller organization with a narrower scope, <i>Australians Donate (AD)</i>, the CCDT has used resources in a similar way, decreasing administrative costs proportionately while increasing activity costs, suggesting that as the organizations mature, they are using their resources more efficiently. A further comparison between the two organizations was not possible because AD has not completed an evaluation at this time. No more cost-effective delivery model was identified</p>	<p>None</p>

