

Annual Report

2014



**College and Association
of Respiratory Therapists
of Alberta**



College and Association of Respiratory Therapists of Alberta



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About this Report

We seek to adapt and develop solutions based on what we learn

This report is produced for the benefit of all stakeholders including: the people who receive health services from Regulated Members, the public, the Minister of Health and Wellness, the Alberta provincial government, our Regulated Members and employees, approved education programs and industry public and private corporations. We hope that readers will make use of the information and perspectives provided within this report, and see them as an invitation to further dialogue with the CARTA Council. We continue to engage in constructive discussions, we seek to adapt and develop solutions based on what we learn, and we aim to contribute to, and succeed in value creation for people with the goal of succeeding in corporate social responsibility.

The annual report is submitted to the Minister of Health and Wellness in a form acceptable to him or her and contains the information requested by the Minister pursuant to section 4 of the *Health Professions Act*. This report also includes the independent auditor's report created in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO).

The College and Association does not establish professional fees for health care services rendered, or have an authorization under section 27 of the *Act* to establish professional fees. The activities of the College and Association do not include collective bargaining. This is performed by the Health Sciences Association of Alberta which is the organization certified as the official bargaining agent on behalf of Respiratory Therapists working in the public sector for Alberta Health Services.

The College and Association is a corporation under the authority of the *Act* and registered with Alberta Corporate Registries. The organization was originally incorporated as the Alberta Society of Respiratory Therapists on August 23rd, 1971. Our provincial corporate access number is 500064191 with August 23rd being our anniversary date. We operate as a not for profit entity in accordance with the *Federal Income Tax Act* and are exempt from charging the Goods and Services Tax for our Regulated Members fees or services. Council reviewed and approved of this report at a meeting on September 12th, 2014.

About Respiratory Therapy

The Respiratory Therapy profession consists of a diverse professional population who collaborate with other Members of the health care team. Registered Respiratory Therapists use the protected title Registered Respiratory Therapist and the professional designation "RRT" identified in schedule 26 of the *Health Professions Act*. Regulated Members provide a wide variety of exceptional quality diagnostic and therapeutic services to the individuals within the population who are suffering from lung or heart problems as well as an assortment of related disorders. These services are provided in acute care hospitals, extended care facilities, clinics and laboratories, and the private residences of clients.

The following *Practice Statement* for the Respiratory Therapy profession is identified in *Schedule*

26 of the *Health Professions Act*:
"In their practice, Respiratory Therapists do one or more of the following: provide basic and advanced cardio-respiratory support services to assist in the diagnosis, treatment and care of persons with cardio-respiratory and related disorders, and provide restricted activities authorized by the Regulation."

Regulated Members provide health services in a wide variety of public and private clinical practice settings and are also actively engaged in the stabilization and transportation of critically injured patients. Regulated Members actively leverage existing and emerging technologies to provide patients with access to exceptional quality care experiences.

Providing
Patients with
Access to
Exceptional
Quality Care
Experiences



Mission

*Promoting Excellence in Respiratory Therapy
Through Regulation, Education and Member Support*

Values

*Integrity, Respect, Accountability,
Ethics and Practice Excellence*

Vision

*Protecting the Public Through Quality Regulation
of the Practice of Respiratory Therapy*



About CARTA



College and Association of Respiratory Therapists of Alberta

CORPORATE PROFILE

The College and Association of Respiratory Therapists of Alberta is a provincial regulatory body dedicated to delivering value added services to the public and Members practicing in the healthcare industry. Our primary focus is to protect the public through our Members by providing health services to Alberta communities.

AUDITOR

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LEGAL COUNSEL

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Calgary AB T2P4V5

BANKING SERVICES

Bank of Nova Scotia
Beddington Towne Centre Branch

Alberta Treasury Branch Financial
North Hill Branch



Council Members



Gregory Hind RRT
PRESIDENT



Irina Charania RRT
PRESIDENT ELECT



Ross Plecash M Eng, P.Eng, FEC
PUBLIC MEMBER



Robert Alexander CA, CBB
PUBLIC MEMBER



Phil Lamont RRT, CRE
EXECUTIVE SECRETARY



Rod Rousseau RRT, PSGT
TREASURER



Juanita Davis RRT
DIRECTOR AT LARGE



Shannon Foster RRT
DIRECTOR AT LARGE



Karrie Beck RRT, BSc
DIRECTOR AT LARGE



Tammie Chisan RRT
DIRECTOR AT LARGE

Executive Staff



Bryan Buell RRT, BGS
EXECUTIVE DIRECTOR



Brenda Grieve RRT
DEPUTY REGISTRAR

Governance

Under the authority of the *Health Professions Act*, the Council is responsible for governing the profession in the public interest. An important aspect of governance is the responsibility the Council has to act as a stakeholder in the development of regulation in the province, develop profession specific standards of practice, codes of ethics, as well as create and amend corporate by-laws to support the mandate in accordance with the *Act*.

The corporation also directs and regulates the profession as well as establishing, maintaining and enforcing standards for registration and continuing competence, including approving programs of study and education courses for purposes of registration requirements.

To achieve these objectives the council has representation on a variety of organizations involved in matters related to professional regulation which include: the Canadian Board for Respiratory Care Incorporated (CBRC), the Committee on Accreditation for Respiratory Therapy Education (CoARTE), and the National Alliance of Respiratory Therapy Regulatory Bodies (NARTRB). To fulfill

its governance mandate and uphold regulatory excellence, the council retains Membership in the Council on Licensure Enforcement and Regulation, Alberta Federation of Regulated Health Professionals, and the Alberta Foundation for Administrative Justice.

Patient Advocates
Compassionate Innovative
Professional
Accountable Competent
LEADERS
with Integrity

The Council executes its duties by integrating governance best practices in transparency, appropriate disclosure, regulated Member and employee engagement, and broad based stakeholder consultation.

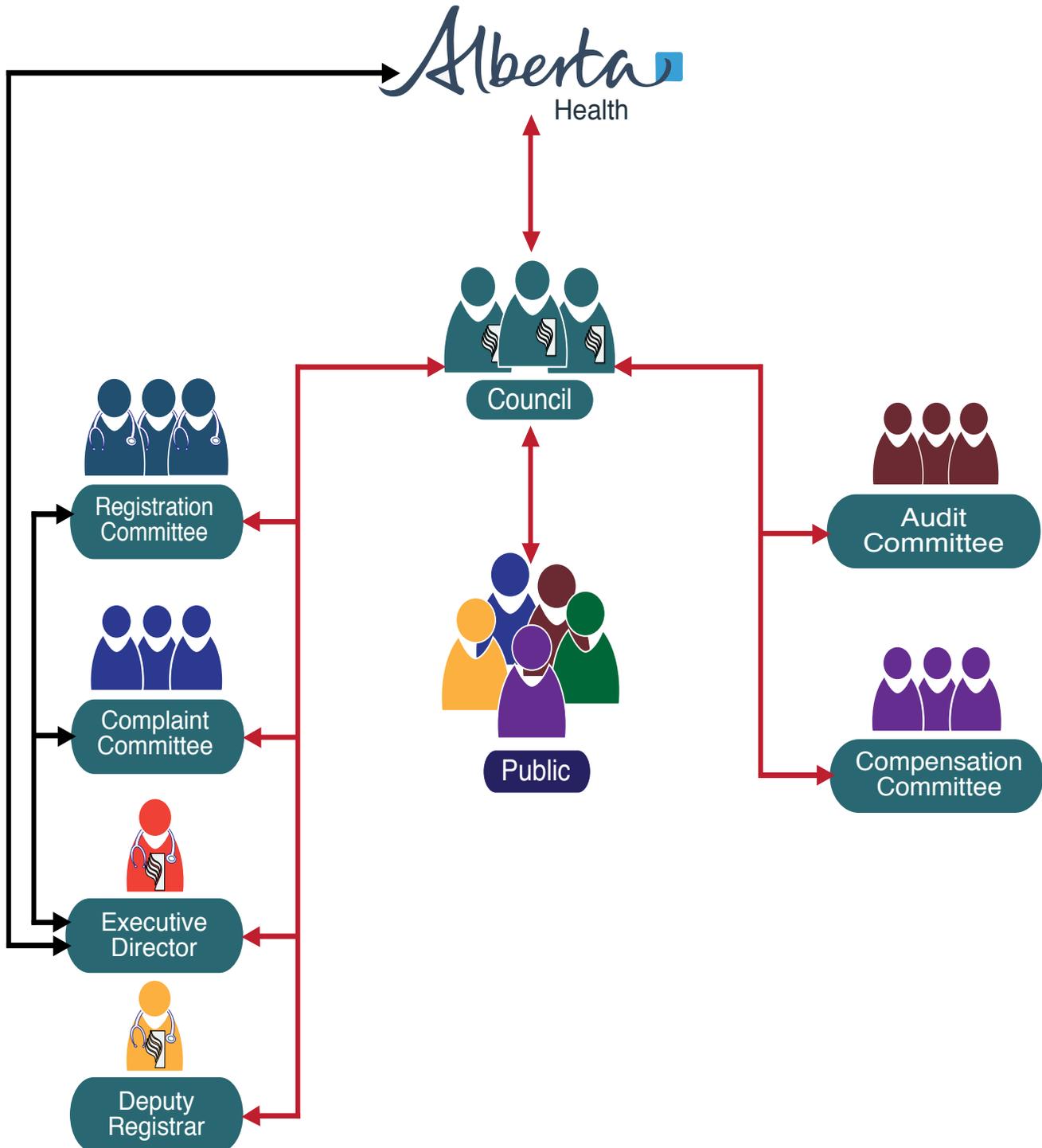
These best practices are the basis by which the regulatory body actively participates with the other Members of the National Alliance of Respiratory Therapy Regulatory Bodies. Leveraging the economies of scale with our regulatory counterparts from

other provincial jurisdictions, we are able to optimize value for the patient, client and resident populations served by Regulated Members throughout the country.

The Council has built a strong governance team and sustains a knowledge-based governance strategy by exploring tactics to effectively manage change in today's operating environment. Additionally, it employs techniques to create continued growth and success, while developing resources to remain effective and meet Regulated Members' needs.

The decision making model that the Council incorporates is based on pragmatic consensus. Council routinely considers the value proposition as it relates to its legislative mandate when making business decisions. Reflecting the characteristics of the Respiratory Therapy Membership, assumptions are frequently challenged by the Council in an attempt to be innovative and responsive to a rapidly changing health care environment. In this regard, stakeholders look towards the Council for leadership.

Organizational Flowchart



Membership & Registration Renewal

Regulated Members of the College and Association have successfully completed an approved program of study as well as successfully completed an examination approved by the Council. Alternatively, some Members are admitted into the College and Association as substantially equivalent based on a detailed assessment of the competencies they possess from their education and work experience.

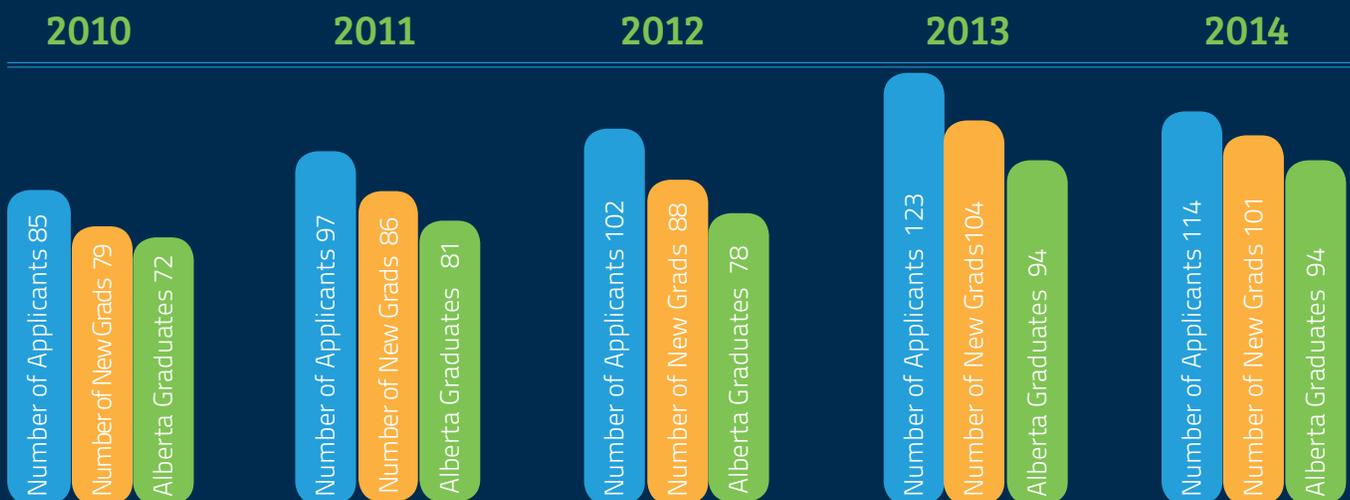
The data presented in this report illustrates a Membership that has been growing to accommodate future anticipated workforce needs as a result of an aging work force demographic, while respecting an individual's career objectives related to work-life balance. The Council takes pride in supporting and engaging work experience for Regulated Members where legislated obstacles or barriers are minimized or eliminated.

This creates an environment where innovation and creativity are nourished in the regulated Member enabling them to achieve clinical excellence while protecting the public. We are very proud of the positive day-to-day interventions our Regulated Members have with patients and clients. We believe that Registered Respiratory Therapists are a profession made up of patient or client choice!

CARTA receives applications for registration pursuant with the *Health Professions Act*. Applicants are notified by the Registrar when a completed application has been received or advised of what remains outstanding for an application to be considered. Applicants are added to one of three registers if they meet the requirements of the *Regulation*.

If an applicant does not meet the requirements their application is referred to the registration committee for review. The committee considers all written and verbal representations made by the applicant before carefully making a decision with respect to the application. If the applicant is not issued a practice permit they are advised regarding what is required to become registered. The protocols used by the registration committee are consistent with the 2000 Lisbon Convention on credential recognition.

Unsuccessful applicants are also advised of their legal right to request a review by CARTA Council. Applicants requesting a review must make the request in writing and provide reasons for requesting the review. The Council appoints a panel to hear the request for review and adjudicates accordingly providing reasons for its decision if the applicant is not issued a practice permit.



Public Members' Report

The role of the Public Members within CARTA is simple in definition, but complex in execution. Public Members sit on Regulatory College Councils to represent the interests of the general population. That's the simple part. The complexity arises in determining how the Regulatory College, its Council, and the organization's professional Members work together with the Public Members to meet these interests.

In our role as Public Members we must understand the present and future challenges faced by the profession, the approaches taken to meet each challenge, and how these fit in to the highly complex and changing world of Health Care in Alberta. We do this by actively participating in Council meetings, planning sessions, and other Council designated activities.

We are pleased to report that the interests of the people of Alberta are being well-served by CARTA, its Council, and its Members. The Council has continued its efforts to improve governance; to renew its Membership by recruiting dedicated professionals; and to continue its financial vigilance. Council meetings are organized, efficient, and well-attended. Decisions are made based on clear and sufficient information, and after open and honest debate. The success of the Council arises not only from the professionalism of its Members and CARTA's staff,



Ross Plecash
M Eng, P.Eng, FEC



Robert Alexander
CA, CBB

but also from the commonality of our shared vision:

To achieve Member excellence by assuring best practices, delivering health services efficiently and effectively & assuring accountability to each other and the public.

One of the greatest challenges faced by CARTA is striking and maintaining a balance between the high standards required for entry to the profession and allowing competent professionals the mobility to move into and out of the Province. The entry standards exist to ensure that patients are being served by those with

the necessary knowledge and skills. Education and training for the profession varies widely around the world, making the assessment of credentials complex. Your Public Members are proud to say that CARTA's Council views this as one of its most important tasks. The Council works hard to keep itself informed of national and international developments, to contribute to the establishment of national standards, and it strives to maintain the balance between mobility and competence for its Members.

In all, your Public Members are extremely satisfied with the work of CARTA's Council and staff. The profession and the public served are in good hands!

2014 President's Report

“Efficiency is
doing things
right;
effectiveness is
doing the right
thing”

~ Peter F Drucker

This is my final annual report as president of the College and Association, and as I reflect on our organizational accomplishments during my term of office, I am most proud of the fact that we have managed significant growth in Membership during my term as president while maintaining registration fees at the same level.

New Values, Vision & Mission Statements to Guide our Organization.

This past year we completed revision of the Vision and Mission statements, and added a statement of Values for organizational guidance. These essential statements provide organizational frameworks that guide our daily operations and also provide clarity as we work to solve organizational or institutional problems during Council meetings. A vivid example of the value of such documents approved by Council is the professional guidance document on medications, liquids and substances. We used this document approved

in June of 2012 to provide guidance to a regulated Member working with investigational medications for research purposes.

National Competency Profile Survey Planned

At the 2013 Annual General Meeting in Red Deer, the Council presented the annual report and disclosed the results of the online regulated Member survey. The survey asked questions related to the proposed vision, mission and values statements, educational preparation, social media use in the workplace and employer utilization of the profession's skill-sets and point of care testing. Regrettably an insufficient number of respondents participated in the survey and as such we cannot draw any meaningful conclusions.

Perhaps the summer time is not the ideal time of the year to engage Regulated Members in such a survey. We plan to conduct another survey again in the autumn when fewer distractions exist, and hope to gain meaningful conclusions at that time.

Our active participation in the National Alliance of Respiratory Therapy Regulatory Bodies continues as we have begun process planning and design for the next National Competency Profile document (NCP). The NCP provides the foundational basis for Respiratory Therapy education programs, graduate examinations, program accreditation and entry to practice .

NCP Impacts All Facets of Practice

Educators utilize the NCP to develop curriculum and design educational programs. The Committee on Accreditation for Respiratory Therapy Education (CoARTE) references the NCP to ensure accredited Respiratory Therapy programs address the competencies required by Canadian employers and regulators. The Canadian Board for Respiratory Care (CBRC) constructs an examination matrix based on NCP competencies to ensure their licensing examination reliably identifies individuals possessing the required knowl-



Gregory Hind RRT
PRESIDENT

edge component of each competency triad. Regulators reference the NCP to assess the education and experience equivalencies of internationally trained applicants, and to resolve scope-of-practice questions from Regulated Members, government ministries and other health care disciplines.

The NCP impacts all facets of our profession and it is critically im-

portant that the document accurately describe entry-to-practice, as well as post-basic competencies currently provided by Respiratory Therapists across Canada.

Budget for Public Education Approved

This year we approved a budget, which includes some money devoted to public education about the profession as well as funds allocated to our Educational Symposium, where Deputy Minister Janet Davidson will be our keynote speaker. Support for continuing competency activities has always been a priority of the College and Association and in this regard I look forward to greeting you at our Annual General Meeting on Friday October 24th

in Calgary at the Courtyard Marriott Hotel.

We will seek Member approval of two by-law amendments as well as discuss emerging issues facing regulatory bodies throughout the world. We also wish to consult the Membership on the feasibility of compensating Council and committee Members which is becoming standard practice among other Alberta health regulatory bodies.

A priority this year has been to repurpose the refresher program after it and the international bridging program were discontinued by the Northern Alberta Institute of Technology continuing education department. Interim support using our web site and making support available to students requiring the program will be provided until Alberta Health sources a suitable alternate provider.

Flood of Appreciation for Collaboration

The late spring of 2013 brought significant rains and flooding that created chaos for evacuating our home oxygen patients as well as some patients in smaller Southern Alberta hospitals. Leveraging strategies first used during the Wild fires at Slave Lake a year earlier, Member companies of the Respiratory Homecare Association of Alberta collaborated and cooperated to make certain none of their patients would have to do without their home oxygen services. Many thanks to the professionals in our homecare sector for the excellent job they did during this provincial emergency.

In closing I vacate the office knowing that the organization is financially solid and has a vibrant Membership with enormous potential. To realize that potential I would like to encourage you to consider serving on Council or a committee as vacancies arise.

C  **R** **T** 

2014 Educational Symposium and AGM

October 23: Leadership Meeting 10:30 am
 October 24: AGM 8:30 am
 October 24 & 25: Educational Symposium

Featuring
Keynote Address by
Janet Davidson, Deputy Minister of Health

Speakers
Valerie Cade, Author of Bully Free at Work

Michelle Cederberg, Motivational Speaker & Author of "If Your Life Sucks It's Your Fault"

Courtyard Marriott
 2530 48th Avenue NE
 Calgary AB
 Off of Barlow Trail and McKnight Boulevard

Rooms available for a discounted rate.
www.carta.ca for more information.

2014

Registrar's Report

“Be the change you wish to see in the world”

~ Mahatma Gandhi

Membership Growth Continues

2013-2014 has been an interesting year with Membership growth continuing but not at the same rate as the year previous. As of March 31st, 2014 our total number of Regulated Members is 1,578. We anticipate 80 new Provisional Members coming from Southern Alberta Institute of Technology (SAIT) Polytechnic and Northern Alberta Institute of Technology (NAIT) upon graduation.

NAIT discontinued their refresher and international bridging programs on May 5th of 2013 and since then we have assisted the students in process on an interim basis. The self-directed didactic learning modules created by NAIT have been uploaded into our secure Member's only section of the web-site. This enables former Regulated Members to complete the modules and self-tests along with a capstone online test.

In some cases this makes former Provisional Members eligible to at-

tempt the approved examination after 12 months of unsuccessful attempts or allows them to move on to the clinical component. In July of 2013, Public Member Robert Alexander and myself met with Health Minister Fred Horne about the intolerable situation of the refresher program being unavailable. Regrettably, Advanced Education Minister Thomas Lukaszuk was unavailable to discuss the issue.

Improvements to Refresher Program Needed

Our delivery of the refresher program is not ideal, but in light of NAIT's strategic decision to withdraw the Respiratory Therapy refresher programming for its alumni and other former Respiratory Therapists in the province, it is the only viable option at the present moment. Students have been receiving additional free learning resources and online examinations to practice their exam writing skills. Currently five people are enrolled in the refresher program in its present form.

Our registration committee conducted a comprehensive review of the examination blueprint for the National Board for Respiratory Care (NBRC), to ascertain whether any significant differences had occurred. Our counterparts in the United States are introducing a new blueprint commencing January 1st 2015. Presently we recognize the Registered Respiratory Therapist examination prescribed by the NBRC as well as graduation from the minimum of an Associate Degree Program approved by the Council on Accreditation in Respiratory Care.

Our practice of recognizing American RRTs originated in 1988 and we have been monitoring any changes in practice since then. To date there has been slow migration away from equivalency but nothing significant to warrant any change in our recognition practice at this time. Unfortunately the Americans have stopped recognizing



Bryan Buell BGS, RRT
EXECUTIVE DIRECTOR
AND REGISTRAR

Sharing the Collective Wisdom of the Community

Our Communities of Practice are functioning very well and I appreciate the Regulated Members who share their expertise within the industry so that patient's benefit from the collective wisdom of the community. Most notable are the ongoing achievements of the Home-care Community of Practice who have contributed significantly to improving care for patients receiving non-invasive ventilation services in the home-care practice setting.

Another example of successful communities of practice is within the Sleep Diagnostics Consortium. This group has been developing draft standards for credentialing of sleep technologists within the Province. Some Regulated Members work in sleep diagnostics laboratories while others are un-regulated. Improving the standard of care is the primary goal of this community.

Jennifer Stefura RRT recently received a Masters Degree from Royal Roads University with her thesis titled *Supporting Clinical Education in Respiratory Therapy*. In her paper it is apparent that "to improve Respiratory Therapy education we need to develop and implement a standardized and easily accessible preceptor-training program." In my view Respiratory Therapy content

validity is critical for success of any preceptor education programming. I intend to work with a community of practice leadership team for preceptors to help design such a program.

Such a project has taken longer to get off the ground than initially anticipated, as I had to prioritize the refresher program work over preceptor community of practice development initiatives. Only so much time can be devoted to education of Regulated Members as there are many other competing priorities for our operations time. It has become abundantly clear that provincial government ministries such as Alberta Advanced Education and Alberta Health share some of the responsibility on these topics as well. Education is an exclusive provincial jurisdictional matter pursuant to the Canadian Constitution, and as such taxpayer dollars should be devoted to providing these services rather than Membership fees.

Canadian qualifications without any evidence to justify such practice. This limits the international labour mobility of Registered Respiratory Therapists, which seems counter to the United States and Canadian Free Trade Agreement practices and policies. Hopefully common sense among bureaucrats will eventually prevail.

Increasing Awareness of Standards of Practice and Code of Ethics

I was pleased to be able to expand our presentations to new hires into the province by conducting a number of events for newcomers to Alberta as well as the graduates from NAIT. These events are great way for Members to understand the Standards of Practice and Code of Ethics of the profession as well as appreciate potential pitfalls to avoid within professional practice.

Preceptors
Mentors
Leaders
Professionals

*Connections that
make a difference*

2014

Registrar's Report Continued

Public safety is a high priority for our regulatory body and once again our Regulated Members performed to the highest of standards in making sure all our homecare patients were well cared for during the flooding that occurred in the springtime of 2013.





Photo Credits:

Page 14: Tona Laerz RRT - Clean up at her home

Above: Wayne Stadler- Dreamstime Stock

Above Right: Ryan L.C. Quan Wiki Creative Commons

Below and Right: Shannon Silver RRT



Our coordinated provincial response to the H1N1 pandemic and the organized response by respiratory homecare therapists during the Slave Lake wildfires in 2012 are other examples where collaboration by Regulated Members paid net benefits for our patients/clients and residents.

The trend of sustained system wide performance makes me proud to have chosen Respiratory Therapy as my career path. In my view it is time that we celebrate our successes. We should educate the public about the significant value our profession brings to all

Alberta communities, urban, regional or remote. Even if we cannot provide the service directly to our patients/clients, we are still actively involved in their safe transport to the appropriate facilities. **If we do not tell our own story then who will?**

Bryan Buell BGS, RRT
EXECUTIVE DIRECTOR AND REGISTRAR



Examinations and Approved Programs

The Council approved examinations include the Canadian Board for Respiratory Care (CBRC) examination held in July and January of each year, and the Registered Respiratory Therapist examination provided by the National Board for Respiratory Care (NBRC) in the United States.

The following is an excerpt from the July and January Psychometrician's Report of the Canadian Board for Respiratory Care examination:

"The examination displayed generally strong psychometric properties, met or exceeded generally accepted psychometric standards. The content domain was well specified and the forms achieved good balance in the proportional inclusion of items to assess the specified content domains. There were strong item and test summary statistics and distributions, and there were good overall score distributions. All reliability and validity indicators were within or above generally accepted psychometric standards."

The registration committee reviewed the new examination blueprint for the NBRC. This blueprint goes into effect January 1st, 2015. No deficiencies or significant differences in the examination content domains were identified. The recommendation of the committee is to continue to recognize the examination as substantially equivalent until such time the content domains tested significantly differ from those found in the Canadian Examination blueprint.

The NBRC examination was determined to be substantially equivalent by the Alberta Health Disciplines Board in 1988. A review of the examination processes used in Quebec, the other provinces in Canada and the United States was completed by the National Alliance of Respiratory Therapy Regulatory Bodies in 2011. The Council determined there was at least an 81% equivalency at that time.



The following Education programs are currently approved by the Council pursuant with the *Act*:

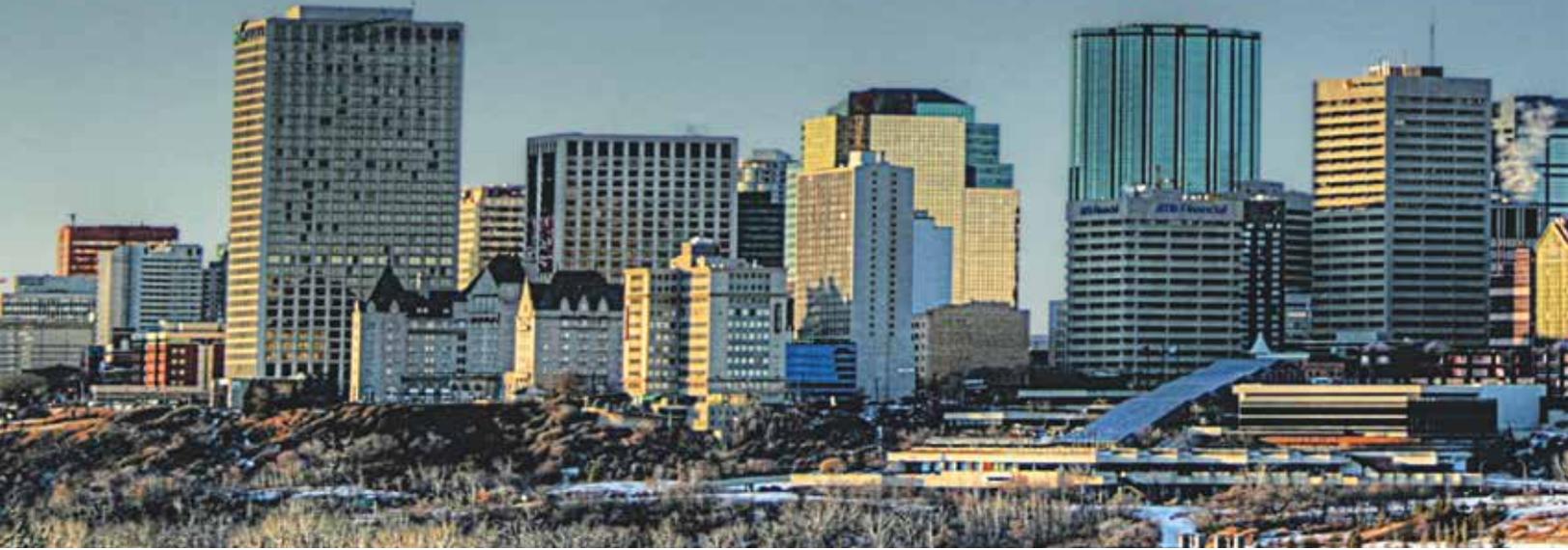
- Algonquin College of Applied Arts and Technology
- Canadore College of Applied Arts and Technology
- CCNB-Dieppe
- Cégep de Chicoutimi
- Cégep de l'Outaouais
- Cégep de Sherbrooke
- Cégep de Ste-Foy
- Collège Rosemont
- Collège Ellis
- College of the North Atlantic
- Conestoga College Institute of Technology and Advanced Learning
- Fanshawe College of Applied Arts and Technology
- La Cité Collégiale - Collège d'arts Appliqués et de Technologie
- New Brunswick Community College
- Northern Alberta Institute of Technology
- QEII/Dalhousie University, School of Health Sciences
- Southern Alberta Institute of Technology
- The Michener Institute for Applied Health Sciences
- Thompson Rivers University
- University of Manitoba—School of Medical Rehabilitation
- Vanier College

The following programs are currently under consideration for recognition by the Council:

- Collège de Valleyfield, Quebec
- St Clair College, Windsor Ontario

The Council is currently waiting for an accreditation status report from the Committee on Accreditation in Respiratory Therapy Education. The committee receives annual reports from all schools with respect to program and curriculum changes and conducts program site visits once every three to five years depending on the accreditation status of the program. The Northern Alberta Institute of Technology will have a site visit in the autumn of 2014 and the Southern Alberta Institute of Technology will be visited in the autumn of 2015.

With a requirement of 1,500 hours over 4 years, 48 continuing competency hours over two years and a 5% random review, our continuing competence program is one of the most rigorous for the Respiratory Therapy profession in Canada.



Continuing Competency

The *Health Professions Act* requires all regulatory bodies to maintain a continuing competence program for their Regulated Members. The program is designed to maintain currency in practice. It consists of a minimum requirement of 1,500 hours practised within the previous four years prior to any application for registration renewal. It also includes a mandatory professional development component of a minimum of 48 continuing competency hours in the previous two years prior to submitting an application for registration renewal.

Continuing competency hours are calculated based on the nature of the professional development activity. Emphasis is placed on the acquisition of new or maintenance of existing integrated competencies rather than the accumulation of clinical information.

For example practising the psychomotor skills involving cardiopulmonary resuscitation services is recognized for more continuing competency hours than watching a video-taped commentary of cardiopulmonary resuscitation skills. Employers

throughout the world highly value the integrated competencies that Regulated Members possess. In other words employers want Regulated Members who can perform on the job rather than merely express an opinion about what should be done.

A minimum of 5% of the Regulated Members are randomly selected to submit their continuing competency report summary forms on a yearly basis. These are used to verify that the regulated Member's participation in continuing competency activities are consistent with the legislation.



Continuing Competency Audits and Interviews

Audits		Interviews
84	2014	0
82	2013	0
71	2012	0
71	2011	0
65	2010	0

* No Interviews required after auditing in 2010-2014 *

Image by WinterforceMedia, WikiMedia Creative Commons

All audited reporting summary sheets are reviewed by the Registrar, and in the event of discrepancies referred to the registration committee for further review and consultation with the regulated Member.

Our continuing competency program is one of the most rigorous for the Respiratory Therapy profession in Canada. This is due to the vast amount of restricted activities practiced within Respiratory Therapy. Restricted activities are a list of health services that have significant potential to harm patients if performed without appropriate skill. Since the continuing competence program's inception there has been full regulated Member compliance.

Many of the Regulated Members appreciate the opportunity to have their continuing competence activities reviewed by objective peers. In some cases Regulated Members will voluntarily submit their forms requesting a review of their activities.

The profession will conduct a comprehensive review including employer and regulated Member consultation to confirm the program is satisfying needs. If indicated and determined, amendments warranted by the Council will be made to the program. This may even include amendments to the Respiratory Therapists Profession Regulation.

It had long since come to my attention that people of accomplishment rarely sat back and let things happen to them. They went out and happened to things.

~ Leonardo da Vinci

Complaints and Discipline

2012-2013 Complaints

All matters from last year's annual report have now been satisfactorily discharged with one exception. One complaint review remains outstanding regarding an investigation into a complaint originally filed January 14th, 2013. The matter was not referred to a hearing tribunal at that time due to insufficient evidence. Since then a request for review of that decision has been received.

A delay was encountered due to a shortage of complaint review/hearing tribunal Public Members. The Minister of Health has undertaken to replenish the pool of available Public Members and we are optimistic that we will be able to convene the complaint review on this outstanding matter in a reasonable period of time.

2013-2014 Complaints

Two complaints were filed this year by the same complainant. The complaints were originally filed with the College of Physicians and Surgeons of Alberta. That organization subsequently referred them to our office as they determined they did not have jurisdiction in this matter. After the complaints director consulted with the complainant they decided to withdraw both of the complaints based on insufficient evidence.

When possible the complaints director will attempt to have the complainant and the regulated Member (investigated person) communicate with each other and try to resolve the matter between the parties involved. If such communication is not possible then, and the matter is not resolved the complaints director will refer the matter for investigation.

Hearings

Administrative tribunal hearings are convened after the complaints director determines sufficient evidence exists that there are reasonable and probable grounds that the events brought forth in the complaint did occur. Matters referred to an administrative tribunal are organized by the hearings director with the threshold of proof being the balance of probabilities rather than beyond a reasonable doubt (which is the standard for criminal proceedings).

This year one hearing was convened on May 13th, 2013 in which the regulated Member in question admitted to unprofessional conduct. The Member received a letter of reprimand and was ordered to complete a course in documentation. The Member also had to remit \$4,000 in fines and \$6,000 in costs associated with the investigations and hearing to the College and Association. The regulated Member did not request a review. The orders outlined above have been fully executed by the regulated Member to the satisfaction of the complaints director.

THE PROCESS

THE COMPLAINTS DIRECTOR RECEIVES WRITTEN COMPLAINTS ABOUT REGULATED MEMBERS PURSUANT WITH ONE OF TO FOLLOWING TWO SECTIONS WITHIN THE PART 4, PROFESSIONAL CONDUCT OF THE *HEALTH PROFESSIONS ACT*.

1. THE "MAKING A COMPLAINT" SECTION (SECTION 54)
2. TERMINATION BY EMPLOYER (SECTION 57)

Incapacity

Incapacity Defined:

Suffering from a physical, mental, or emotional condition or disorder or an addiction to alcohol or drugs as defined in the *Pharmacy and Drug Act* or other chemicals that impairs the ability to provide professional services in a safe and competent manner.

During 2012-2013, two incapacity assessments pursuant with the Health Professions Act were convened on Regulated Members. In both cases the regulated Member requested that their practice permit be revoked for the duration of their incapacity. These Regulated Members both agreed to satisfy the complaints director that the issue of their incapacity had been resolved prior to obtaining assent to safely practice again.

One regulated Member was successfully treated for their condition and satisfied the complaints director that their incapacity was no longer present. This regulated Member has since successfully returned to professional practice. The other Member is actively involved in a treatment plan and intends to return to practice once the treatment has successfully concluded and they have satisfied the complaints director that their duties can be performed at full capacity.

This year no incapacity assessments were conducted. The Council decided, that all Regulated Members renewing their registration must read the manual on Disruptive Behaviour in the Healthcare Workplace produced by the Health Quality Council of Alberta. This has been put in place in as an attempt to reduce the incidences of incapacity in the workplace moving forward. After the required reading of the manual, Regulated Members are also required to answer 10 multiple-choice questions on the contents provided in the handbook.

When Regulated Members are distracted in their practice the possibility of safety errors may occur. It is anticipated that the resources contained in the manual will reduce the likelihood of Regulated Members engaging in distracted practices within the workplace. It should also reduce the number of Regulated Members who may find themselves victims of disruptive behaviour within the workplace. This is one of the objectives of the Council, to minimize the possible occurrence of any distracted practice by any regulated Member.

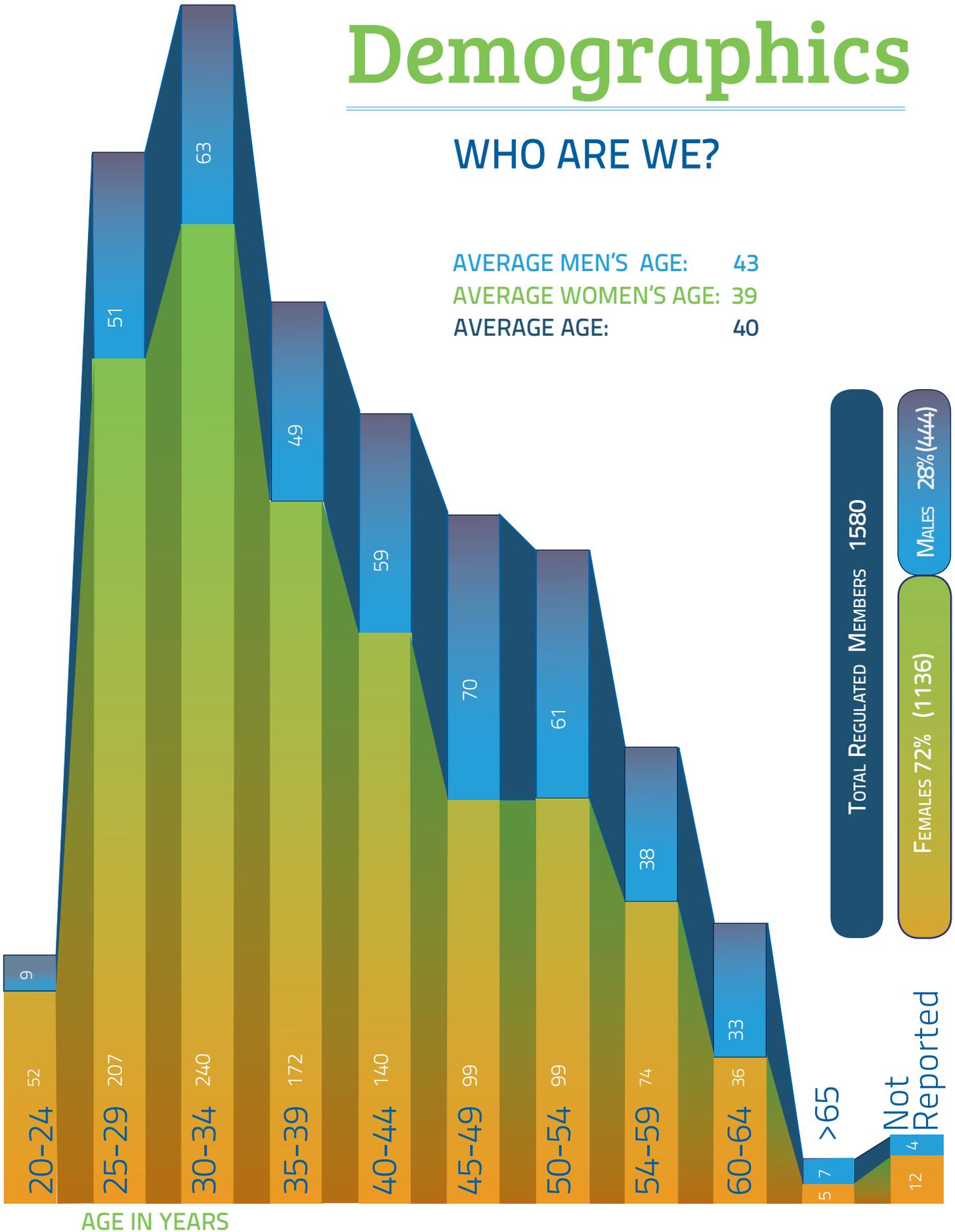
Demographics

WHO ARE WE?

AVERAGE MEN'S AGE: 43

AVERAGE WOMEN'S AGE: 39

AVERAGE AGE: 40



AGE IN YEARS

HOW MUCH DO WE WORK?

Full Time
20%
322

Part Time or Casual 73%
1153

7% No Reported Hours
99

HOW MANY HOURS PER YEAR DO WE WORK?



MEAN ANNUAL HOURS WORKED 1453

MEDIAN ANNUAL HOURS WORKED 1500

WHERE DO WE WORK?



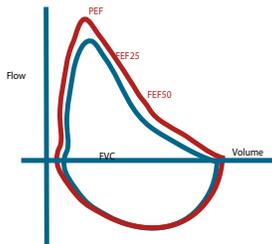
ACUTE CARE

70%



COMMUNITY CARE

10%



CLINICS AND DIAGNOSTICS

8%



PRIVATE CARE

7%



EDUCATION AND ADMINISTRATION

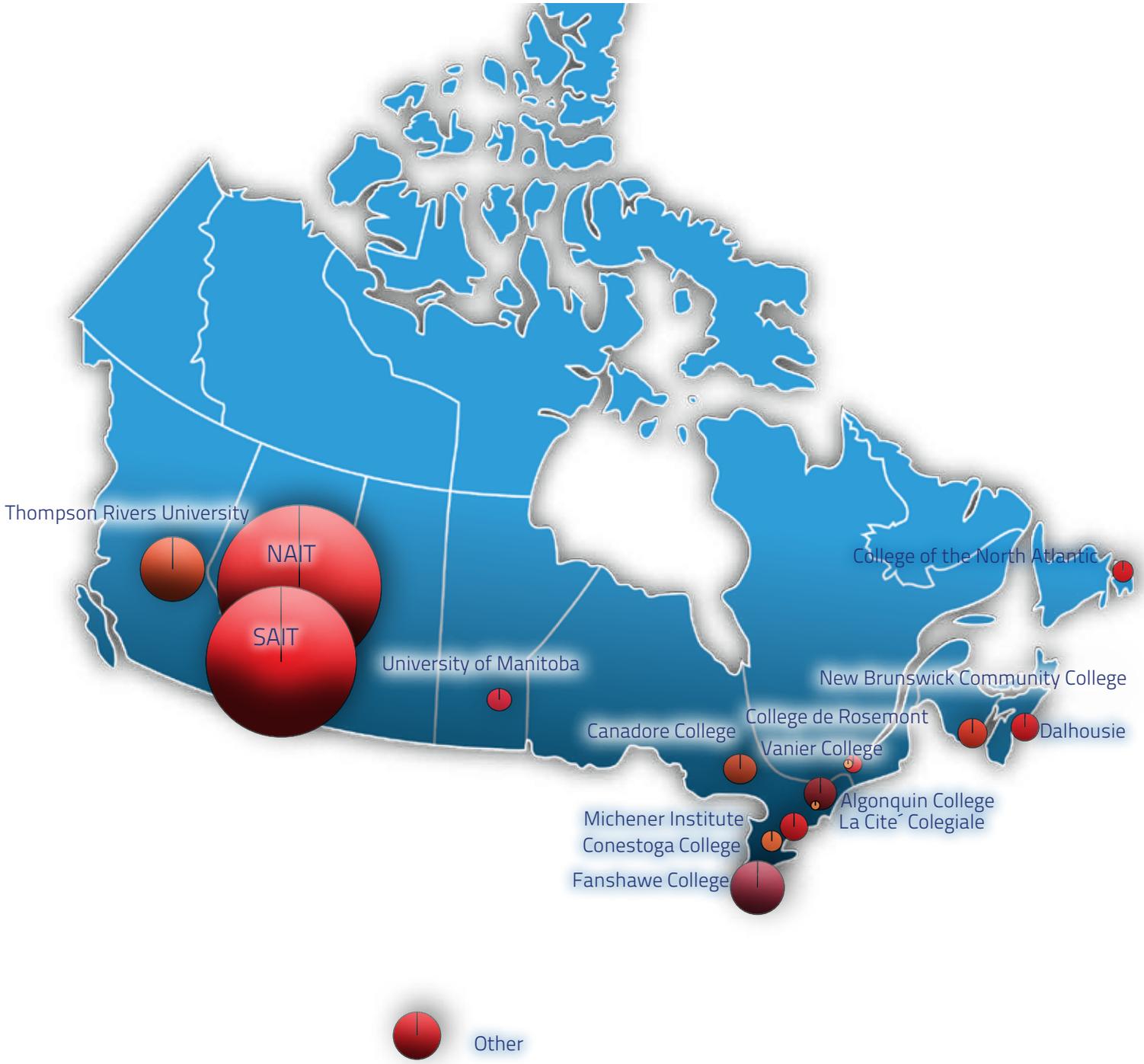
2%



Demographics continued

WHERE DID WE TRAIN?

Thompson Rivers University	101
Northern Alberta Institute of Technology	648
Southern Alberta Institute of Technology	546
University of Manitoba School of Medical Rehabilitation	8
Canadore College of Applied Arts and Technology	26
Fanshawe College of Applied Arts and Technology	70
Conestoga College Institute of Technology and Learning	9
The Michener Institute for Applied Health Sciences	17
La Cité Collégiale	2
Algonquin College of Applied Arts and Technology	36
Vanier College	6
Collège Rosemont	1
New Brunswick Community College (NBCC) St. John	21
QEII/Dalhousie School of Health Sciences	19
College of the North Atlantic	11
Other	67



Map of Canada created by Matt Ward/Echo Enduring Media; Distributed under the Creative Commons liscense

Corporate Social Responsibility

Corporate Social Responsibility (CSR) is defined as an organization's commitment to operating in an economic, social and environmentally sustainable manner, while recognizing the interests of its stakeholders, including; Regulated Members, business partners, local communities, the environment and society at large. CSR goes beyond activities such as volunteerism and charity. Organizations such as CARTA who practice CSR develop policies, procedures and programs in areas such as: employee relations, community development, environmental stewardship, marketplace practices, transparency of processes and accountability. The following are some of the CSR practices CARTA has been actively engaged in this year:



Our Organization

- Our web-site is a source of electronic truth which also reduces the need for paper records and reports, with the exception of those specifically required, such as the hardcopy of this report submitted to the Minister of Health
 - We securely cross-shred and destroy office paper documents. This makes recycling easier while ensuring our privacy is protected
 - CARTA offices actively participate in the Building Paper, Electronic Recycling Program created by Green Calgary. We also use recharged ink cartridges for our office printers
 - We are committed to transparency about our business practices as well as our regulatory responsibilities by publishing our social responsibility activities in this annual report

Our Offices

- We use types of computer monitors that are the most energy efficient and position them to minimize glare and employee eye fatigue
 - Our office chairs are sourced for their ergonomic design so that employees are comfortable as well as properly supported when sitting while at work
 - We lease office space in a Building Owners and Managers Association (BOMA) certified building which is highly energy efficient and meets or exceeds extensive environmental practice standards

Our Employees and Regulated Members

- Our employees enjoy the use of building exercise facilities and safe secured parking facilities
- Our employees routinely participate in building security, fire and evacuation practices and drills
- Many of our Regulated Members volunteer their time and services for a variety of professional, community, sport, cultural and education events throughout the year in the province
- We value the contributions made by our employees to an innovative profession and treat them with respect consistent with all Labour and Occupational Health and Safety legislation

Our Community

- We continue to source products and services from providers in our supply chain who treat us fairly and with integrity. We look for suppliers who respect our vision and mission, and we look to be fiscally responsible stewards of our regulated Member's limited resources
 - When possible we source 30% to 100% recycled paper products that possess the trademark of the not for profit Forest Stewardship Council indicating that the wood used to make the product is well managed according to strict environmental, social and economic standards

Our Future

- We are exploring the concept of environmental carbon offset credits for longer distance travel

Financial Statement Summary

In the following independently audited financial statements, it is evident that over the February 2013–January 2014 fiscal year, CARTA was an excellent steward of Member funds from a financial stance. CARTA saw asset growth of 23% occur primarily within current assets, with the cash reserve increasing 120%, while investments decreased 24%. At the same time, liabilities decreased 34%, primarily in the areas of wages payable and deferred grants. This translated to growth in net assets over the 2013–2014 fiscal year of 28%, up from 16% growth over the 2012–2013 year.

While revenue growth was negligible over the 2013–2014 fiscal year, CARTA experienced a significant decrease of 66% in operating expenses, most significantly as a result of not hosting a symposium during the last fiscal year. This translated to an increase in revenues after expenses over the fiscal year of 107% up from 84% growth over 2012–2013. Overall we feel that we have done an excellent job of managing funds throughout the last fiscal year, and we fully intend to continue this trend moving forward.

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA

FINANCIAL STATEMENTS

January 31, 2014

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA

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Statement of Changes in Net Assets	5
Statement of Financial Position	6
Cash Flow Statement	7
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DEBORAH V. WALKER PROFESSIONAL CORPORATION
127 CRANWELL CLOSE SE
CALGARY, ALBERTA T3M 1B1
587-353-0525 or 403-399-7742

INDEPENDENT AUDITOR'S REPORT

To the Members of the College and Association of Respiratory Therapists of Alberta

I have audited the accompanying financial statements of the College and Association of Respiratory Therapists of Alberta, which comprise the statement of financial position as at January 31, 2014 and January 31, 2013, and the statements of operations, changes in net assets, and cash flows for the years ended January 31, 2014 and January 31, 2013, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO), and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on these financial statements based on my audit. I conducted my audit in accordance with Canadian generally accepted auditing standards. Those standards require that I comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion

In my opinion, the financial statements present fairly, in all material respects, the financial position of the College and Association of Respiratory Therapists of Alberta as at January 31, 2014 and January 31, 2013, and its financial performance and its cash flows for the years ended January 31, 2014 and January 31, 2013 in accordance with Canadian accounting standards for not-for-profit organizations.

Calgary, Alberta
June 2, 2014

Deborah V. Walker Professional Corporation
Certified General Accountant

**COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA
STATEMENT OF OPERATIONS**

For the years ended January 31, 2014 and January 31, 2013

	<u>2014</u>	<u>2013</u>
REVENUE		
Membership revenue	\$ 658,830	\$ 623,085
Grant revenue (Note 5)	18,852	23,238
Interest (Note 3)	18,842	20,189
Disciplinary fines and penalties	5,000	-
Advertising revenue	7,950	10,050
Other	2,830	1,120
Symposium revenue	<u>-</u>	<u>32,430</u>
	<u>712,304</u>	<u>710,112</u>
OPERATING EXPENSES		
Accommodation, travel and parking	20,274	21,558
Legal - conduct (Note 6)	8,978	20,599
Professional development	10,991	24,288
Promotion and meals	5,835	9,694
Materials, supplies and other	5,430	4,588
Memberships	3,750	4,500
Investigations	2,814	29,830
Telephone	2,654	1,963
Awards, diplomas and certificates	1,963	395
Wages and benefits	-	4,323
Symposium	<u>-</u>	<u>61,014</u>
	<u>62,689</u>	<u>182,752</u>
ADMINISTRATIVE EXPENSES		
Wages and benefits	273,533	285,626
Promotion and web page	36,233	16,045
Rent and operating	33,150	30,595
Office and general	17,919	17,313
Bank charges	17,223	16,784
Professional fees	15,702	16,891
Equipment rental	12,756	15,238
Memberships and subscriptions	4,695	5,372
Training	3,806	394
Amortization of tangible assets	7,577	3,656
Insurance	1,664	1,644
Administrative/clerical	-	6,224
Professional development	<u>-</u>	<u>2,111</u>
	<u>424,258</u>	<u>417,893</u>
EXCESS OF REVENUE OVER EXPENSES	<u>225,357</u>	<u>109,467</u>
OTHER		
Gain (loss) on disposal of assets	<u>(431)</u>	<u>(250)</u>
EXCESS OF REVENUE OVER EXPENSES	<u>\$ 224,926</u>	<u>\$ 109,217</u>

The accompanying notes are and integral part of these financial statements

4.

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA
STATEMENT OF CHANGES IN NET ASSETS
For the years ended January 31, 2014 and January 31, 2013

NET ASSETS	Invested in capital assets	Restricted (Note 8)	Unrestricted	Total 2014	Total 2013
Balance, beginning of year	\$ 9,946	\$ 700,000	\$ 103,466	\$ 813,412	\$ 704,195
Excess of revenues over expenses	(8,010)	-	232,936	224,926	109,217
Investment in capital assets	<u>13,348</u>	<u>-</u>	<u>(13,348)</u>	<u>-</u>	<u>-</u>
Balance, end of year	<u>\$ 15,284</u>	<u>\$ 700,000</u>	<u>\$ 323,054</u>	<u>\$ 1,038,338</u>	<u>\$ 813,412</u>

The accompanying notes are and integral part of these financial statements

5.

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA
STATEMENT OF FINANCIAL POSITION
January 31, 2014 and January 31, 2013

ASSETS

	<u>2014</u>	<u>2013</u>
CURRENT		
Cash	\$ 548,322	\$ 248,867
Short term investments (Note 3)	158,115	152,697
Council advances	-	1,009
Interest receivable	1,204	1,440
Prepaid expenses	<u>10,113</u>	<u>4,277</u>
TOTAL CURRENT ASSETS	717,754	408,290
INVESTMENTS (Note 3)	347,966	459,562
CAPITAL ASSETS (Note 4)	<u>15,284</u>	<u>9,946</u>
TOTAL ASSETS	\$ <u>1,081,004</u>	\$ <u>877,798</u>

LIABILITIES

CURRENT		
Accounts payable and accrued liabilities	\$ 18,021	\$ 7,966
Credit card payable (Note 7)	4,037	-
Payroll liabilities	10,187	10,727
Wages payable	10,421	30,043
Deferred grant	<u>-</u>	<u>15,650</u>
TOTAL LIABILITIES	<u>42,666</u>	<u>64,386</u>

NET ASSETS

Net assets invested in capital assets	15,284	9,946
Restricted net assets (Note 8)	700,000	700,000
Unrestricted net assets	<u>323,054</u>	<u>103,466</u>
TOTAL NET ASSETS	<u>1,038,338</u>	<u>813,412</u>
TOTAL LIABILITIES & NET ASSETS	\$ <u>1,081,004</u>	\$ <u>877,798</u>

Approved by the Directors:

_____, Director

_____, Director

The accompanying notes are and integral part of these financial statements

6.

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA
CASH FLOW STATEMENT
For the years ended January 31, 2014 and January 31, 2013

	<u>2014</u>	<u>2013</u>
OPERATING ACTIVITIES		
Cash receipts from membership dues	\$ 658,830	\$ 624,635
Cash paid to suppliers and employees	(490,265)	(570,159)
Symposium, newsletter, and other cash receipts	10,780	43,600
Interest received	19,078	18,749
Cost recovery	5,000	-
Grants received	<u>3,202</u>	<u>23,238</u>
	<u>206,625</u>	<u>140,063</u>
 INVESTING ACTIVITIES		
Purchase of capital assets	(13,348)	(3,367)
Purchase of investments	<u>111,596</u>	<u>106,084</u>
	<u>98,248</u>	<u>102,717</u>
 INCREASE IN CASH AND CASH EQUIVALENTS	 304,873	 242,780
CASH AND CASH EQUIVALENTS, beginning of year	<u>401,564</u>	<u>158,784</u>
 CASH AND CASH EQUIVALENTS, end of year	 <u>\$ 706,437</u>	 <u>\$ 401,564</u>
 Cash and cash equivalents consist of:		
Cash	\$ 548,322	\$ 248,867
Short term investments	<u>158,115</u>	<u>152,697</u>
	<u>\$ 706,437</u>	<u>\$ 401,564</u>

The accompanying notes are and integral part of these financial statements

7.

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA
NOTES TO FINANCIAL STATEMENTS
January 31, 2014 and January 31, 2013

1. NATURE OF ORGANIZATION

The College and Association of Respiratory Therapists of Alberta (CARTA) is a self-governing professional organization established for the certification and governance of respiratory therapists in Alberta. It is a not-for-profit organization and as such is not subject to federal or provincial taxes under section 149(1) of the income tax act.

2. ACCOUNTING POLICIES

These financial statements of the organization have been prepared in accordance with Canadian accounting standards for not-for-profit organizations (ASNPO), on a going-concern basis that assumes that the organization will be able to realize its assets and discharge its liabilities in the normal course of business.

- a) Purchased capital assets are recorded at cost. Amortization is recorded at the following rates, which have been established by estimates of useful lives. Additions during the current year are amortized at one-half their normal rates, and no amortization is taken in the year of disposition.

Computer hardware	30% declining balance
Furniture and equipment	20% declining balance
Leasehold improvements	20% straight line
Website	3 years straight line

- b) The organization earns most of its revenue from fees to its members and advertising. Revenue is recognized when fees are collected or collection is reasonably assured.

Grants are recognized on a deferral basis and recognized as revenue in the year the related expenses are incurred.

- c) The organization reports its investments at cost and consists of the cash value of guaranteed investment certificates. Short term investments consist of guaranteed investment certificates with maturities of less than 12 months. Long term investments consist of guaranteed investment certificates with maturities of greater than 1 year. Cost approximates market value.
- d) Volunteers contribute a significant number of hours per year to assist the organization in carrying out its service delivery activities. Because of the difficulty of determining their fair value, contributed services are not recognized in the financial statements.

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA
NOTES TO FINANCIAL STATEMENTS
January 31, 2014 and January 31, 2013

e) When preparing financial statements according to Canadian accounting standards for not-for-profit organizations, management makes estimates and assumptions that affect the reported amounts of revenues and expenses during the year, the reported amounts of assets and liabilities at the date of the financial statements, and the disclosure of contingent assets and liabilities at the date of the financial statements. Management base assumptions on a number of factors including historical experience, current events, actions that the organization may undertake in the future, and other assumptions believed reasonable under the circumstances. Material measurement uncertainties include estimates of useful lives of capital assets and impairment of long lived assets and accrued liabilities. Actual results could differ from the estimates; the resolution of these uncertainties will be determined by future events.

3. INVESTMENTS

The short term investments consist of guaranteed investment certificates maturing within 1 year earning interest of 2.12% to 2.95%. Investments consist of guaranteed investment certificates, with various maturity dates from April 2014 to May 2017, earning interest of 1.75% to 3.8% per annum.

4. CAPITAL ASSETS

	2014		2013	
	<u>Cost</u>	<u>Accumulated Amortization</u>	<u>Cost</u>	<u>Accumulated Amortization</u>
Computer hardware & software	\$ 9,028	\$ 7,982	\$ 28,028	\$ 25,684
Furniture and equipment	18,453	12,699	27,489	20,500
Leasehold improvements	3,073	3,073	3,073	2,460
Website	<u>12,726</u>	<u>4,242</u>	<u>-</u>	<u>-</u>
	<u>\$ 43,280</u>	<u>\$ 27,996</u>	<u>\$ 58,590</u>	<u>\$ 48,644</u>
Net Book Value		<u>\$ 15,284</u>		<u>\$ 9,946</u>

5. GRANT REVENUE

During the prior year the organization received 2 grants from the Alberta government. A \$15,000 grant was received to enhance regulated members awareness of the contents of the 2011 edition of the handbook of hazards and controls. The government of Alberta also provided a grant of \$21,500 to develop an interactive online portal for self assessment and information on registration criteria for internationally qualified healthcare professionals of which \$15,650 was spent in the current year. Also, in the current year the organization received a federal Summer Employment Program grant of \$3,202 (2013 \$2,738).

COLLEGE AND ASSOCIATION OF RESPIRATORY THERAPISTS OF ALBERTA
NOTES TO FINANCIAL STATEMENTS
January 31, 2014 and January 31, 2013

6. LEGAL - CONDUCT EXPENSES

	<u>2014</u>	<u>2013</u>
Legal - conduct	\$ 18,978	\$ 20,599
Cost recovery	<u>(7,000)</u>	<u>-</u>
	<u>\$ 11,978</u>	<u>\$ 20,599</u>

7. BANK INDEBTEDNESS

The organization has a credit card with a limit of \$25,000. The organization pays the balance of the credit card at the end of each month. As at January 31, 2014 the balance was \$4,037 (2013 - \$nil)

8. RESTRICTED NET ASSETS

With respect to the net assets of the organization; funds will be reserved specifically for the following amounts and purposes:

\$350,000 for business continuation purposes in the event of a public health emergency such as an influenza pandemic or other such event that could potentially jeopardize normal day to day business operations for an extended timeframe;

\$200,000 for maintenance of a psychometrically reviewed competency profile for entry to practice into the profession;

\$150,000 for maintenance of a psychometrically reviewed registration examination for entry to practice into the profession.

9. LEASE COMMITMENTS

The organization entered into a lease for the office premises and storage May 2010 for 5 years, requiring monthly payments of \$1,097 and \$149 plus GST. In addition operating costs of an estimated \$12,000 per year will be payable. Equipment has been leased for \$2,226 quarterly payments until February 2014 and an online hosting agreement was entered into for 12 months at \$150 per month.

2015 - \$35,858

10. FINANCIAL INSTRUMENTS

An organization can be exposed to various risks through its financial instruments. The organization's financial instruments in the statement of financial position consist of cash, accounts receivable, marketable securities, accounts payable and accrued liabilities. It is management's opinion that the organization is not exposed to significant credit risk arising from these financial instruments. The fair value of these instruments approximate their carrying value.

10.

Recognition and Achievement

Telling Our Story: Recognition and Achievement

Since 1974 over twenty Registered Respiratory Therapists have been nominated by their peers, and selected by the Council to receive the Outstanding Service Award.

To receive this award, a RRT must be nominated by four registered Members. This nomination must include a biography outlining evidence of the distinguished professional service provided by the Member. Members must then be selected and approved by the Council.

Unfortunately, as of the fiscal 2013-2014 year end, no RRT's were nominated to receive this award. With over fifteen-hundred Regulated Members working in the province of Alberta, there must be a number of deserving individuals.

Are you a registered Member? Do you know someone who has provided outstanding professional service to his or her patients, to a colleague, or to the profession?

If you do nominate them!

The Talent We Bring to Respiratory Therapy

CARTA also believes in supporting work-life balance among all our Members and recognizes that many of the values we bring to our profession stem from our personal activities. From the discipline needed to train for an athletic event or learn to play a musical instrument, to the sportsmanship learned in team events. We also see values stem from the creativity and innovation required for visual arts, to the compassion and dedication individuals put into volunteering to serve the community. We want to hear about your accomplishments outside of the profession. Let's start recognizing our peers' professional and personal accomplishments.

Let's start telling our own story! Email or call CARTA with details about your own or a peers' accomplishment, we'd love to share it with all of our Members.

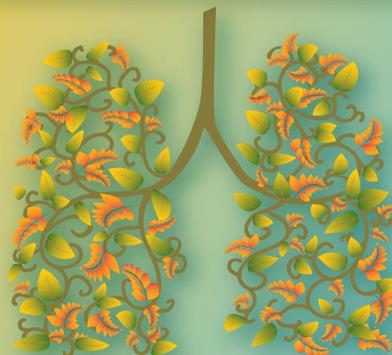
2014 Educational Symposium Agenda



2014 Educational Symposium and AGM

Friday, October 24th

Registration 7:30 - 13:00



Time	Topic/Event
7:45 - 8:30	Buffet Breakfast
8:30 - 9:30	AGM
9:30 - 10:00	Refreshment Break
10:00 - 11:00	Valerie Cade, C.S.P. <i>"Putting the Care Back in Healthcare"</i>
11:00 - 12:00	Keynote Address: Janet Davidson O.C. Deputy Minister of Health <i>"Collaborative Practice: The Way of the Future for Patient Centered Care"</i>

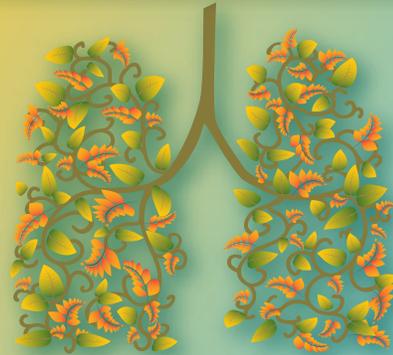
Lunch

	Stetson A	Stetson B	Stetson C
13:00 - 14:00	Dr Derek J Roberts <i>"Progress in Understanding of the Pathophysiology, Clinical Presentation, and Management of Tension Pneumothorax in Adults"</i>	Ann Hudson Mason RRT <i>"Newborn Individual Developmental Care and Assessment Program"</i>	Dr Karen Rimmer <i>"Respiratory Implications of Spinal Cord Injury"</i>
14:00 - 14:15	Refreshment Break		
14:15- 15:15	Thomas Piraino RRT <i>"Considerations for Prone Positioning: Do We Need a Standard Assessment For Severe ARDS"</i>	Dr Dan Zuege Greg Hind RRT Kip Panesar RRT <i>"Critical Care Informatics and Respiratory Therapy"</i>	Dr Willis Tsai <i>"Obstructive Sleep Apnea and Hypoventilation: What's New in Non Invasive Ventilation"</i>
15:15- 16:15	Panel Discussion <i>"Opinions From the Frontline and Beyond"</i>		





2014 Educational Symposium and AGM
Saturday, October 25th
Registration 7:30 - 10:00



Time	Topic/Event
7:30 - 8:00	Coffee Tea Muffins
8:00 - 9:00	Michelle Cederberg, C.S.P. <i>"Exposing the Myth of Life Balance"</i>
9:00 - 10:00	Steve Menzies C.P.C. and Tanya Spence M.N. <i>"Extracorporeal Life Support at ACH- Long Overdue or Completely Unnecessary?"</i>
10:00 - 10:15	Refreshment Break
10:15 - 12:15	"The Voice of the Patient" Former Patients Relate their Experiences

Lunch

	Stetson A	Stetson B	Stetson C
13:00 - 14:00	Dr Michael Murphy <i>"What is New in the World of Airway Management: Awake Intubation and Airway Topicalization"</i>	Dr Derek Drummond <i>"Airway Reconstruction. Past, Present, and Future"</i>	Dr Michael Stickland <i>"Update on Pulmonary Rehabilitation in Alberta; Where We Are, and Where We Want to Go"</i>
14:00 - 14:15	Refreshment Break		
14:15- 15:15	Dr Michael Murphy <i>"What is New in the World of Airway Management: Video vs Conventional Direct Laryngoscopy"</i>	Mirette Dube RRT Paula Miles RRT <i>"A Low Risk Trach Pathway: Improving Patient Care, One Step at a Time"</i>	Panel Discussion <i>"What is AHS Doing About Patient Safety?"</i>
15:15- 16:15	Thomas Piraino RRT <i>"Mechanical Ventilation and the Pneumonia Patient: Early Optimization to Minimize Ventilator Induced Injury"</i>	Dr Ashley Gillson <i>"Endobronchial Ultrasonography: Diagnosing and Staging the Mediastinum"</i>	Karrie Beck RRT <i>"iNO Project: Provincial Implementation of Standards of Practice"</i> <i>"If nothing ever changed, there'd be no butterflies" Author Unknown.</i>



Special Thanks

Hearing Tribunal/Complaint Review Panel Members:

Mr. George Verghese RRT
Ms. Connie Brooks RRT
Ms. Micheline Courtney RRT
Mr. Timothy Gill RRT
Mr. Nicholas Castle RRT
Mrs. Linda Sutherland RRT

Registration Committee:

Mr. Jeffery Ung RRT chairperson
Ms. Judy Duffett-Martin RRT
Ms. Dolores Michelin RRT
Mr. Will Cunnington RRT
Mr. Travis Eremko RRT
Mr. Kirby Peterson RRT
Mr. Nicholas Castle RRT

2014 Education Symposium Planning Committee:

Ms. Brenda Grieve RRT;
Ms. Dolores Michelin RRT;
Ms. Kim Tilley RRT;
Mrs. Patty Wickson RRT, MA.

Annual Report Credits:

Budget Printing and Computers- Northland Mall, Calgary AB
Publication Director and Graphic Design: Shannon Silver RRT
Technical Writing and Editing: Karen Perry BComm
Further Proofreading and Approval: CARTA Coucil

Advisor to ACORN:

Ms. Barbara Caron RRT

“To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment.”

~Ralph Waldo Emerson



CARTA

**College &
Association of
Respiratory Therapists
of Alberta**



Accountable Innovative
Competent Compassionate
Professional
Patient Advocates
LEADERS
with Integrity

www.carta.ca



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