



# College and Association of Respiratory Therapists of Alberta



Annual Report 2016



Earlier this year CARTA moved, but not far! Just a new office on the second floor in the same building. Use the North Elevators to get to Room 218.

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## ABOUT RESPIRATORY THERAPY

Respiratory Therapists use the protected title Registered Respiratory Therapist together with the professional designation 'RRT' as identified in *Schedule 26 of the Health Professions Act*.

*The Respiratory Therapy profession consists of a diverse professional population who collaborate with other members of the health care team.*

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.

Regulated members provide a wide variety of diagnostic and therapeutic services of exceptional quality to individuals 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, laboratories, and clients' private residences.

Regulated members provide health services in a wide variety of

**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."*



# About this Report

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, the Alberta provincial government, our regulated members and employees, approved education programs, public and private industry. 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 providing exceptional corporate social responsibility.

This annual report is submitted to the Minister of Health in a form acceptable to him or her, and contains the information requested by the Minister pursuant to *Sec. 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 *Sect. 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 to our regulated members fees or services. Council reviewed and approved of this report at a meeting on September 1st, 2016.





# About CARTA

The College and Association of Respiratory Therapists of Alberta is a provincial regulatory body dedicated to delivering value added services to the public and to members practicing in the healthcare industry. Our primary focus is to protect the public by providing our members the resources they require to effectively serve Alberta communities.



## **BANKING SERVICES**

BANK OF NOVA SCOTIA  
101 8120 Beddington BLVD NW  
Calgary T3K2A8

ALBERTA TREASURY BRANCH FINANCIAL  
217 16th Ave NW  
Calgary AB T2M0H5



## **LEGAL COUNSEL**

JAMES B. ROONEY Q.C.  
Dentons Canada LLP  
850 2nd St SW  
15th Floor, Banker's Court  
Calgary AB T2P0R8

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DERRICK PAGENKOPF  
Gowlings Lafleur Henderson  
1400 700 2nd St SW  
Calgary AB T2P4V5



## **AUDITING SERVICES**

DEBORAH V. WALKER  
Professional Corporation

127 Cranwell Close SE  
Calgary AB T3M1B1



## Mission

*Protecting the public through quality regulation of the practice of Respiratory Therapy*

## Values

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

## Vision

*Promoting excellence in Respiratory Therapy through regulation, education and member support*



# Council Members



The Executive Director, Deputy Registrar, and Business Systems Analyst are permanent paid positions



Bryan Buell RRT BGS CTAJ  
**Executive Director/Registrar**



Jerry Spence RRT  
**Deputy Registrar**



Alessandro Carducci  
**Business Systems Analyst**



Public members are appointed to the council by the Minister of Health through an order in council.



Robert Alexander CA CBB  
**Public Member**



Ross Plecash M Eng P Eng FEC  
**Public Member**

*This year we will be saying goodbye to Mr. Robert Alexander, and welcoming our new Public Member, Mr. Max Kruger. CARTA extends sincere thanks to Mr. Alexander for his time spent with us on Council.*





Irina Charania RRT  
BSch CRE **President**



**Vacant  
President Elect**



Juanita Davis RRT CRE  
**Executive Secretary**



Phil Lamont RRT CRE  
**Treasurer**



Tammie Chisan RRT CRE  
**Director at Large**



Mark Rimkus RRT P Eng  
**Director at Large**



Karrie Whalen RRT  
**Director at Large**



Patricia Beckham RRT  
**Director at Large**



Council Members are elected by the members at the AGM and serve a 3 year term.



# 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, establishes, maintains and enforces standards for registration and continuing competence, and approves 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 maintains membership in; the Council on Licensure Enforcement and Regulation, the Alberta Federation of Regulated Health Professionals, and the Alberta Foundation of Administrative Justice.

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

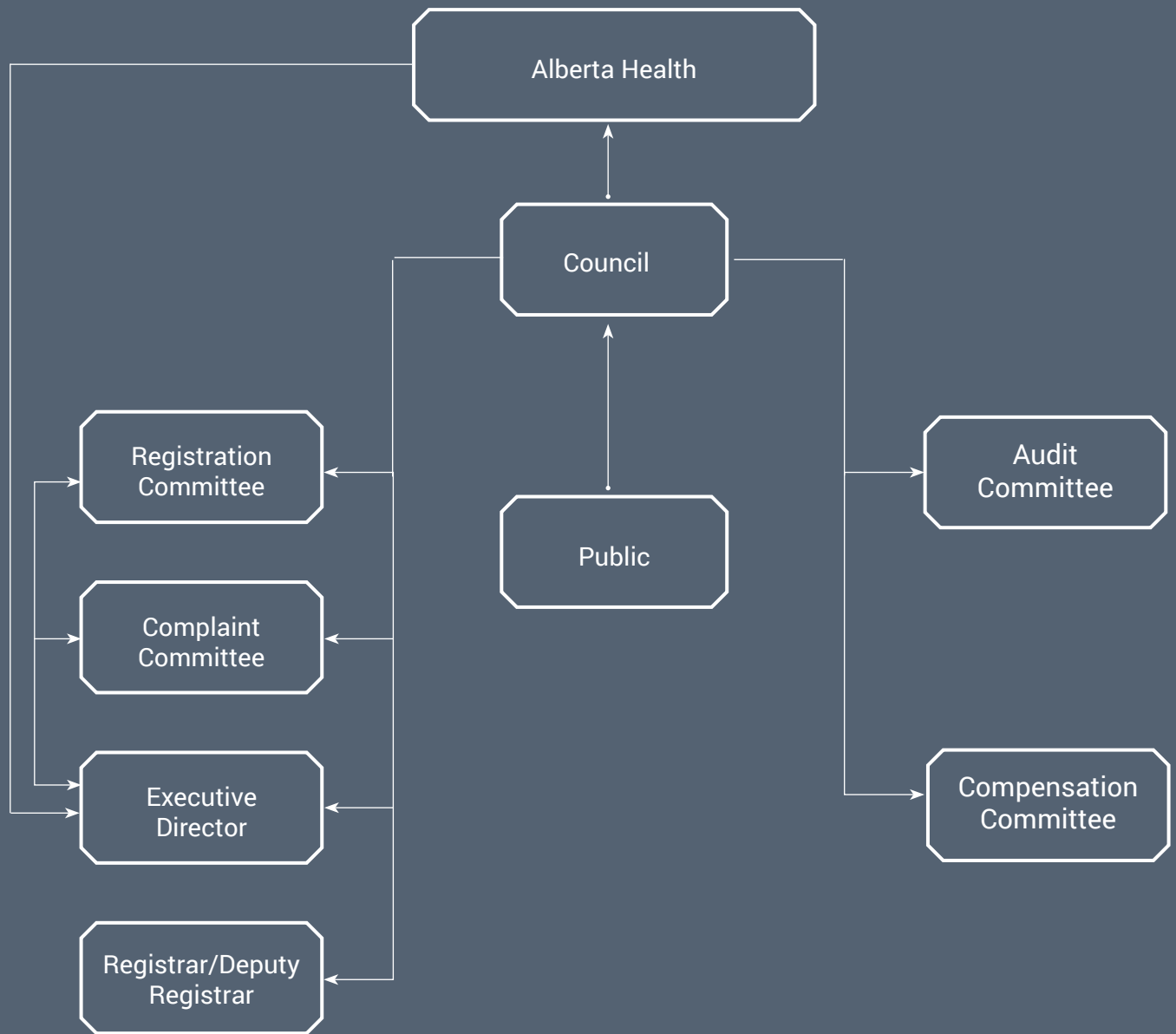
These best practices are the basis by which the regulatory body actively participates with the other members of the NARTB. Leveraging the economies of scale with our regulatory counterparts from other provincial jurisdictions, we are able to optimize value for the patient, client and resident populations 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.



# Organization Flow Chart





# Public Members' Report



## The Role and Scope of a Public Member

Public members are volunteers who serve on the Council and act to help regulate the practice of Alberta's regulated health professions. There are a number of limiting factors that narrow the range of individuals who can serve in the role of a public member. To qualify as a public member, an individual cannot be a member of the profession they are regulating, an employee of the Government of Alberta, involved in negotiating collective agreements on behalf of the members or employers, or have any other potential conflict of interests. They assist on these decision-making bodies, and help to balance the values and interests of the regulated profession with those of the public. Public members serve as objective participants in deliberation and decision-making processes, and look to be effective in their role by asking questions, seeking clarity, and understanding each issue as it arises. In a vote, public members have the same authority as other elected members of Council. Qualified public members have the job of ensuring, on behalf of the Alberta public, that profession remains properly regulated.



**Robert Alexander CA CBB**  
Public Member



**Ross Plecash M Egn, P Eng, FEC**  
Public Member



## Public Member Report of CARTA

I am pleased to report that the public continues to be well served by the CARTA Council, Boards, Committees and staff.

2015 proved to be a busy and challenging year. I can report, with confidence, that CARTA's Council, Boards, Committees, and staff have met those challenges while maintaining the highest level of professionalism.

Council has continued to ensure that only individuals qualified to practice Respiratory Therapy are permitted to do so. The National Competency Framework (NCF), the basis for the entry into professional practice, the educational programs that lead to registration, and the examinations required to prove competency, were discussed this year at great length and in extraordinary depth. Accreditation of educational programs by the Council on Accreditation for Respiratory Therapy Education (CoARTE) was a topic of conversation at several meetings over the course of the year.

I was privileged to attend the Annual Meeting of the National Alliance of Respiratory Therapy Regulatory

Bodies (NARTRB) in Calgary, and was impressed by the leadership role taken at this meeting by CARTA. Having worked in the regulatory world for many years, I recognized that the respect given to CARTA and its programs by our sister regulatory bodies across Canada was genuine and well earned. I was particularly proud of the ability and determination of each of CARTA's representatives to consider each proposed initiative on its merits and its forecasted effect on the people of Alberta. They remained unmoved by political considerations.

Ensuring that those who practice as Respiratory Therapists are qualified is only half of the equation. CARTA must also act to protect Alberta residents by ensuring that individuals who are not qualified as Respiratory Therapists do not practice in the field. In 2015, CARTA was also diligent on this front, specifically looking into the practices of: hyperbaric oxygen therapists, sleep disorder practitioners, and anesthesia assistants. CARTA Council and staff have been working with the Government of Alberta to ensure that these important areas of practice are appropriately regulated and controlled, further ensuring the safety and welfare of the public.

Regulatory work, while extremely important, is still only part of CARTA's focus. Led by my fellow Public Member, Mr. Robert Alexander, CARTA's Vision Committee completed its mandate and issued its report. The organization continues to support its members with practice standards and guidelines with much discussion in 2015 of patient and family-centered care. Finally, CARTA has participated in meetings of the Alberta Federation of Regulated Health Professions, an organization dedicated to supporting 29 regulatory colleges and representing over 117,000 health care professionals.

Over the fiscal year ending in 2016, CARTA worked diligently to serve the public interest and uphold its members' in their professional practice. As a representative of the people of Alberta, I am both impressed by their work, and proud to play a small role in it.

**Ross Plecash M Egn, P Eng, FEC**

Public Member



## "Continuity gives us roots; change gives us branches, letting us stretch and grow and reach new heights." P.R. Kezer

I am very pleased to present my 15th annual report as Executive Director and Registrar for the organization. This year's operational theme has been focused on *collaboration*. In conjunction with the Canadian Society of Respiratory Therapists (CSRT) we collaborated on a highly successful educational forum in Calgary. We also embarked on a weekly print media promotional advertising campaign, which ran weekly from the beginning of September to the end of March in every Alberta university students weekly newspaper. The objective of the print advertisement campaign was twofold. First, we looked to heighten awareness about our profession to university students considering careers in the health professions and second, we aimed to increase traffic to our respective web-sites regarding career information.

The provincial campaign was complemented with a national bilingual advertising campaign, run quarterly in the national professional journal for high school career counsellors. Our collaborative promotions are again intended to increase web-site traffic and

heighten counsellor awareness of our profession.

Our best advertisement features our members in the two narrative videos produced at the 2014 Education Symposium. These have proven to be hits with viewers across the country. Thank-you to everyone who collaborated and volunteered their time and thoughts on why they enjoy being a Registered Respiratory Therapist. These narratives help individuals to assess whether their career goals align with our reality.

I have been actively representing the regulatory body on the Sleep Disorders Work Group of the Alberta Health Services Respiratory Health Strategic Clinical Network. The group is slowly developing appropriate, evidence informed, guidelines for clinical practice. The regulator is working with the College of Physicians and Surgeons of Alberta to develop standards for home portable diagnostic testing and level one sleep diagnostic laboratory standards. This year we collaborated with the Sleep Disorders Workgroup and assisted them with administration of a pro-

vincial industry survey to assess the current state of practice in portable sleep diagnostic services in both public and independent sectors.

This year the students from Simon Fraser University wanted to learn more about the RRT career and requested presentations from a recent person entering the profession as well as an accomplished RRT. On January 20th at Simon Fraser University in Burnaby British Columbia, Ms. Monika Piprah RRT BKin and I collaborated on a presentation to students on Respiratory Therapy as a career choice. We also had a career information booth, which at one point during the day had a lineup of 40 students waiting to ask their career questions about our profession.

The most common question asked was "Why don't more universities across the country offer the Respiratory Therapy program?" The increase in university student interest in our profession aligns well with the fine work being conducted by the presidents committee of the National Alliance



# Registrar's Report

of Respiratory Therapy Regulatory Bodies (NARTRB). The presidents meet regularly to discuss the Pan-Canadian model to change entry-to-practice requirements. The model was originally created by the Canadian Forum of Labour Market Ministers and is undergoing some reforms regarding process to approve changes to entry-to-practice requirements in professions in the country.

Through these collaborative initiatives we have strengthened relationships with our key industry partners and have learned a great deal about the functional efficiency of our new office infrastructure. The time and inconvenience of our relocation to a new larger business suite in the same building has already begun to pay back on our investment in time, effort and expense.

In conjunction with the Council On Accreditation in Respiratory Therapy Education (CoARTE) we had a council member observe the accreditation site visit at the Southern Alberta Institute of Technology last autumn. This was an enhancement of the site accreditation report observation I conducted the year before at the Northern Alberta Institute of Technology. We are learning more about the accreditation process and are able to provide

suggestions for continuous improvement initiatives.

Continuing competency is a requirement for every regulated member under *the Act* and this year I successfully completed a certificate for administrative tribunals offered by the Alberta Foundation of Administrative Justice. I have been advised that I may now use the designation Certificate in Tribunal Administrative Justice (CTAJ). I am also targeting successful completion of the advocate and administrator certificates in the next year. I admire all of our regulated members who also take their continuing competency seriously by planning, executing and evaluating their personal continuing competency strategy.

In addition to providing support for our members throughout the year, our expertise is being sought out by other organizations to gain our assistance on matters they are encountering on a regular basis. We have been active participants in: the Alberta Federation of Regulated Health Professions who are formalizing their organizational structure, the NARTB and have been assisting the British Columbia Respiratory Therapists as they attempt to create a regulatory body in collaboration with other allied

health professional counterparts in that province.

We have managed significant growth in membership in recent years and have identified an emerging trend of increasing employment opportunities in the independent or private sector. As our membership increasingly participates in continuing care rather than only acute care we will have to adapt our Standards of Practice, Code of Ethics and Regulation to better reflect this reality. I am optimistic that the provincial government will permit Registered Respiratory Therapists to become custodians as defined by the *Health Information Act* enabling more actively participate in the electronic health record through Alberta Netcare.

It is an exciting time to be a regulated member practising in Alberta and I wish to thank-you for the fine work that you perform on behalf of patients, their families and communities. I am very confident our professional future is bright!

**Bryan Buell RRT BGS CTAJ**

Registrar



## "Collaboration is not about gluing together existing egos. It is about the ideas that did not exist until everyone entered the room."- Anonymous

It is a privilege and truly humbling to continue to serve as president of CARTA. I continue to be amazed by the commitment to collaboration that our profession shows at all levels: from national work with our counterparts, to members of other healthcare professions, and most importantly with our patients and families.

### CARTA's Theme: Collaboration

Collaboration has been our theme this past year. I continue to be honoured to be part of this profession, one that truly walks the talk when it comes to collaborating to provide exceptional health services to our patients. Collaboration is rooted in mutual respect, rich communication and constructive disagreements.

### CARTA's Written Reports

Two important documents were finalized and received by council this past year. The first document, the *Vision Committee Report* was presented to the council in April of 2015 by Mr. Alexander. I would like to thank all members of the vision

committee including, Joel MacPherson RRT, Kim Tilley RRT, Juanita Davis RRT and Will Cunnington RRT for their dedication and contributions to this report. Your commitment to ensuring that every patient receives the right treatment, from the right practitioner at the right time, is evident throughout this report.

Delivering safe, effective care for our patients is one of the main drivers of our profession. This drive has led to the creation of a *Consensus Statement on Patient and Family Centered Respiratory Care*. This Statement was developed with an aim of publication through the Canadian Society of Respiratory Therapists (CSRT). At the end of the day it is our ability to collaborate with patients and families that ensures we are able to meet their current and future health care needs in the most optimal way.

My passion for, and dedication to this profession are driven by the daily commitment I see among members at every level of the health care system, who work together to ensure that each patient and every family receives the best health care possible.

### Provincial Collaboration

On a provincial stage, I want to acknowledge the daily efforts of RRTs, as they collaborate with other healthcare providers to share knowledge and resources, and to adopt a system of best practices for the benefit of all Albertans. This knowledge and resource sharing occurs in a number of mediums, from formal means such as strategic clinical networks to more informal peer-networks. It also occurs at a broader level within education partnerships between institutions that serve to enhance the inter-professional education of future members of the healthcare workforce. Such initiatives positively contribute to a sustained culture of cross-departmental cooperation and increase in patient safety.

### National Collaboration

From a national stance, collaboration has continued between CARTA, other provincial regulatory colleges and the CSRT on the development of a *National Competency Framework* to be released in 2017. This framework has undergone a robust development and validation process, with





# President's Report

Alberta demonstrating exemplary commitment to ensuring this document supports the delivery of safe, quality care to all patients.

Notably this document extends our profession's commitment to competency based education, beyond the traditional entry to practice requirements, to incorporate both continual development and maintenance of competency throughout an individual's professional career. It also explicitly acknowledges the different career paths that a professional may take, and specifically addresses how the required competencies apply to each individual path.

In parallel to the creation of this document the National Alliance of Respiratory Therapy Regulatory Bodies convened a national expert advisory committee to look at the use of simulation in the training and assessment of respiratory therapy students. The official report will be available next year.

## Frontline Collaboration

We can not undervalue the modeling of collaborative culture which front-line staff as preceptors provide. Their quality instruction and focus on ensuring patient safety is something we strive to embed in all of our future practitioners.

I am extremely excited by the announcement at the 2015 AGM, to institute an annual Outstanding Preceptor Award, of which the terms of reference are:

1. Nominations are to be emailed with "Outstanding Clinical Preceptor Award" in the subject line, addressed to CARTA Council, with a detailed description of the following:
  - a. The nominator
  - b. The nominee
  - c. The experience that led the student to nominate this individual with examples of the nominee's excellence in preceptorship and outstanding qualities.
2. Nominations can be submitted from May 1st to September 15th to be considered for the year's award.
3. The inaugural award to be announced at the October AGM 2016
4. Nominators are students from the NAIT or SAIT Respiratory Therapy Programs who have completed at least 1 clinical rotation

5. The winner(s) will be selected by a review of CARTA Council of the nominations brought forward and voted on by Council

6. The award will consist of a plaque denoting the winner's excellence in preceptorship as well as a monetary award of up to a maximum of \$500 that can be used as reimbursement for Professional Development activities that meet the criteria for CARTA's annual registration renewal requirements.

Not a day goes by where I do not think of the positive influence preceptors and mentors have had on my personal development as an RRT. These incredible mentors will be well recognized going forward!

I remain truly honoured and humbled to be a member of this amazing profession. My sincere gratitude goes out to each and every RRT in this province for your continued efforts towards ensuring that Albertans receive the safest and most appropriate care possible. Your collaborative efforts are noticed and appreciated.

Respectfully submitted,  
**Irina Charania RRT, BScH CRE**  
**President**



# Membership and 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.

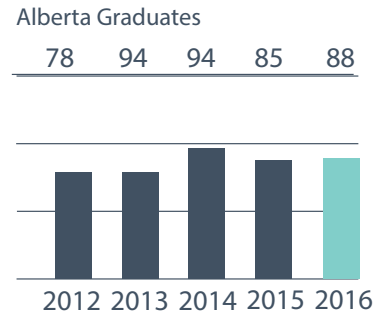
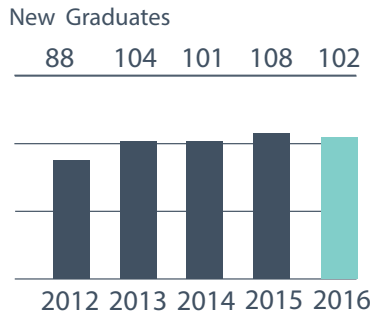
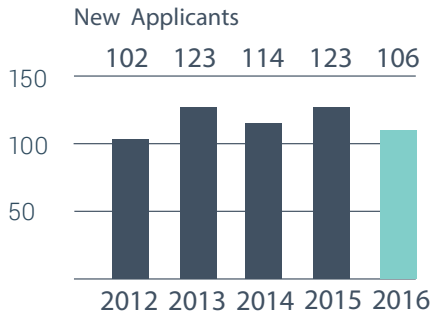
This creates an environment where innovation and creativity are nourished, enabling them to achieve clinical excellence while protecting the public. We are very proud of the positive day-to-day interactions our regulated members have with patients and clients. We believe that Registered Respiratory Therapists 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 wishing to do so must make the request in writing which includes reasons for the request. The Council appoints a panel to adjudicate the request which will provide reasons for any decision not to issue a practice permit.





## MEMBERS BY TRAINING INSTITUTION



699	40.7 %	Nothern Alberta Institute of Technology ( NAIT )
603	35.1%	Southern Alberta Institute of Technology ( SAIT )
102	5.9%	Thompson River University
80	4.7%	Other ( USA )
62	3.6%	Fanshawe College of Applied Arts and Technology
42	2.4%	Algonquin College of Applied Arts and Technology
26	1.5%	Canadore College of Applied Arts and Technology
19	1.1%	New Brunswick Community College (NBCC) St John
18	1.0%	QEII/Dalhousie School of Health Sciences
18	1.0%	The Michener Institute for Applied Health Sciences
14	0.8%	University of Manitoba- School of Medical Rehabilitation
13	0.8%	Conestoga College
12	0.7%	College of the North Atlantic
7	0.4%	St. Clair College
7	0.4%	Vanier College
2	0.1%	La Cite Collegiale
1	0.1%	Collège de Rosemont

Our newest members are still primarily trained in province, 87 (85%) at SAIT and NAIT. Only 15 (13%) new graduates were trained outside of Alberta.



# Continuing Competency

## Continuing Competency Program Requirements

The *Health Professions Act* requires all regulated members to participate in a continuing competency program. The Respiratory Therapy program is one of the most robust in North America. Prior to submitting an application for registration renewal all regulated members must complete the following minimum mandatory requirements as outlined in *Section 13 of the Respiratory Therapists Profession Regulation* (the "Regulation"):

1. Fifteen hundred (1,500) practice hours within the preceding four (4) years;
2. Forty-eight (48) continuing competency hours within the preceding two (2) years;

## Accepted Professional Development Activities

Recognized continuing professional development activities, listed in *Section 14 of the Regulation* include the following:

- a) Attendance at a respiratory health-related scientific or clinical course designed to enhance professional development;
- b) Attendance at professional development sessions on respiratory therapist clinical practice issues;
- c) Attendance at a respiratory health-related study club;
- d) Self-directed study to enhance professional development;
- e) Providing respiratory health-related presentations, beyond the scope of regular employment obligations, to regulated members or other groups;
- f) Successful completion of a course leading to a Respiratory Therapy baccalaureate degree or the successful completion of a course of graduate studies;
- g) Presentation of a research paper or abstract at a scientific meeting;
- h) Publication in a peer-reviewed journal;
- i) Publication in the College newsletter;
- j) Other activities approved by the Council, the Registrar or the Competence Committee.

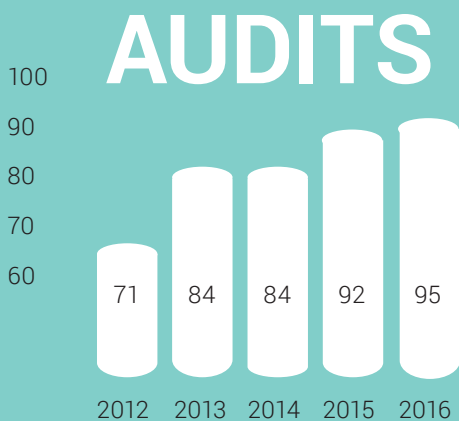
*Section 15 of the Regulation* specifies that the Council may establish program rules to govern the continuing competence program. The Registrar and Competence Committee may make recommendations on, or amendments to, the rules, which are then presented to the Council for review and approval or decline.



## Mandatory Reading Requirement

This annual activity, mandated by Council, has proven to be quite popular with members who appreciate Council guidance on professional development activities that align with the College's mandate to protect the public interest. Previous Council mandated reading has included handbooks on: Occupational Health and Safety Hazards and Controls, Disruptive Behaviour in the Healthcare Workplace and last year Patient Safety Competencies: Enhancing Patient safety Across the Health Professions. Council is currently exploring the next mandatory reading requirement.

This year the Council has consulted members on the possibility of instituting a provincial jurisprudence education module for all regulated members. Further membership consultation will take place over the course of the next year with a potential launch date in conjunction with registration renewal for the year of March 2018.



## Continuing Competency Audit Process

Members renewing their registration are randomly selected to verify their submissions of continuing competency hours. Each year approximately five percent of regulated members are audited. While we have encountered a few late submissions in the past year, we have been fortunate that no one has been required to appear in front of the registration committee for an interview. Registered Therapists keep up the good work!

## National Competency Framework Survey Participation

In conjunction with the National Alliance of Respiratory Therapy Regulatory Bodies we participated in a national survey in November and early December of 2015. Council mandated this activity as a requirement for all graduates within the past three years in order to establish a robust and effective Entry to Practice Performance of Competencies Standard.

We have had a great response to this initiative, with very high rates of participation from regulated members across the spectrum of the career framework including: experienced, senior and expert level employees. In Alberta across all levels of our career framework, we have had sufficient statistically significant sample sizes, which have had high confidence rates of 95% within a range of plus or minus 5%!

This evidence will assist our regulatory bodies in identifying a number of possible specialties within the field of Respiratory Therapy including: assisting in anesthesia, neonatal and pediatric care. It will also assist employers in planning service delivery levels and effective program development. Labour unions may also find this information useful when consulting with employers on the appropriate classification levels of employees.

# No Interviews since 2009



# Approved Examinations and Education Programs

In recognizing approved examinations, the Council focuses on the principles of fairness, validity and reliability. They recognize two approved examinations for the purposes of registration. The Canadian Board for Respiratory Care (CBRC) Examination is used for purposes of recognizing graduates from both Alberta programs and graduates from other Canadian jurisdictions. The council also currently recognizes the RRT level of examination prescribed by the National Board for Respiratory Care (NBRC) in the United States of America. In 1988 the Health Disciplines Board of Alberta originally recognized the "RRT" level of examination as examined by the NBRC for assessing substantial equivalency.

The following are excerpts from the results and conclusions sections of the psychometricians report for the July 2015 and January 2016 administrations of the CBRC examination.

## **July 2015 Registration Examination**

*There were no defects or deficiencies on the forms that may have resulted in an unfair examination, nor were there any noteworthy defects or deficiencies in concordance between the English and French language forms. The examination content was verified to reflect an appropriate balance of items to measure the competencies identified in the test specifications. Seventeen (17) out of eighteen (18) individual competency or category domains were represented in the July 2015 form. All National Competency profile specified broad, compound competency domains were represented in the July 2015 form.*

*The July 2015 examination displayed generally strong psychometric properties and met or exceeded generally accepted psychometric standards. All reliability and validity indicators were within or above generally accepted psychometric standards.*

## **January 2016 Registration Examination**

*There were no defects or deficiencies on the forms that may have resulted in an unfair examination, nor were there noteworthy defects or deficiencies in concordance between the English and French language forms. The examination content was verified to reflect an appropriate balance of items to measure the competencies identified in the test specifications. Seventeen (17) out of eighteen (18) individual competency or category domains were represented in the January 2016 examination form.*

*The January 2016 examination displayed generally strong psychometric properties, and met or exceeded generally accepted psychometric standards. All reliability and validity indicators were within or above generally accepted psychometric standards.*

## **Approved Education Programs**

Section 3 of the Act requires the College to establish standards for registration that include approving programs of study. Currently the council recognizes most but not all accredited education programs in Canada and the United States. The Council relies heavily but not exclusively on accreditation services performed by the Committee on Accreditation in Respiratory Therapy Education (CoARTE) in Canada and the Council on Accreditation in Respiratory Care (CoARC) in the United States of America.



This year the Council undertook the task of requesting accreditation reports of all Canadian programs accredited by CoARTE to assess the magnitude of partial conformity to the National Competency profile for purposes of entry to practice recognition in Alberta. There remain a number of respiratory therapy education programs that are not recognized as approved programs by the CARTA Council. These programs include: the campus of **College Ellis located in Quebec, the College of the North Atlantic, Qatar campus, the College Valleyfield in Quebec and the St Clair College in Windsor, Ontario.** The latter two schools are new and insufficient data exists on graduate performance in writing of the approved examination to be confident that these graduates have the competencies required to uphold the standards of practice in Alberta.

While accredited by CoARC, the Council does not recognize Independence University in Utah (formerly known as the California College of Health Sciences) in the United States as an approved program. We are unable to actually confirm which clinical competencies graduates from this program acquire.

### Individual Competency Exception

Graduates of education programs not formally recognized by CARTA are welcomed to apply for registration.. The Registration Committee may examine the application utilizing the principles of the 2010 amendments to *The Lisbon Convention for Higher Education Credential Assessment*, and may establish a finding of substantial equivalence based on actual competencies acquired by the applicant.

### Approved Education Programs

This year both Alberta approved programs were surveyed by CoARTE and received accreditation with report status. After submitting their report, NAIT received accreditation status from CoARTE. SAIT will submit their report to CoARTE in September of 2016. The following is a list of Council approved education programs:

- Algonquin College of Applied Arts and Technology;
- Canadore College of Applied ARTS and Technology;
- Cegep De Chicoutimi;
- Cegep de L-Outaouais;
- Cegep de Sherbrooke;
- Cegep de St-Foy;
- College de Rosemont;
- College of the North Atlantic St John's Campus;
- Community College of New Brunswick-Dieppe;
- Conestoga College Institute of Technology and Advanced Learning;
- Dalhousie University School of Health Sciences;
- Fanshawe College of Applied Arts and Technology;
- La Cite Collegiale-College d'arts Appliques et de Technologie;
- Michener Institute for Applied Health Sciences;
- New Brunswick Community College;
- Northern Alberta Institute of Technology;
- Southern Alberta Institute of Technology;
- Thompson Rivers University;
- University of Manitoba- School of Medical Rehabilitation;
- Vanier College.



# Complaints and Complaint Review

**Pursuant with *Section 54* of the *Health Professions Act, RSA 2000* (the “Act”), anyone may file a complaint as long as it is signed and dated. Pursuant with *Section 57* of the Act an employer must file a complaint if they suspend, terminate or if the employee resigns due to conduct that in the opinion of the employer is considered as unprofessional conduct.**

This year the complaints director received seven complaints pursuant with *Section 57* of the Act and one complaint pursuant with *Section 54* of the Act for a total of eight complaints. Of the eight complaints received three remain under investigation. The following outlines a breakdown of the complaints received and their current status or concluded outcome.

## 1. Complaints Resolved Between Parties

Four of the seven complaints received, pursuant to *Section 57* of the Act, were satisfactorily resolved through a mediation process facilitated by the complaints director. The Complaints Director encouraged both the complainant and the party under review to communicate with each other and to resolve matters to their mutual satisfaction. The minor complaints under review in these four cases were of a labour relations nature, and did not harm, or significantly expose any patient to harm.

## 2. Complaints Referred to a Hearing Tribunal

One of the seven complaints received, pursuant to *Section 57* of the Act, was referred to a Hearing Tribunal. The regulated member in question admitted to being in error, and the hearing tribunal accepted an agreed statement of fact. This agreed statement of fact included: an admission of error resulting from a lack of judgement in providing professional services such to constitute unprofessional conduct, and a contravention of the standards of practice and code of ethics of the profession.

## 3. Complaints with Ongoing Investigation

The one complaint filed pursuant with *Section 54* of the Act remains under investigation. It is anticipated that this complaint investigation will be concluded within the next reporting period. Two of the seven complaints pursuant with *Section 57* of the Act also remain currently under investigation. It is anticipated that they will both be concluded within the next reporting period.

## Complaint Reviews

*Section 68* of the Act permits the opportunity for complainants to write to the Hearings Director to request a review of the dismissal of a complaint by the Complaints Director. Such requests must both be in writing and contain adequate reasons for requesting the review. The Hearings Director then provides a copy of the application to the complainant the investigated person and complaint review committee.







## Complaint Review Matters From Previous Years

In 2013 there was an original request for a review of decision by the complaints director not to refer a matter to a hearing tribunal pursuant with *Section 68* of the *Act*. After a comprehensive investigation into the matter, there was insufficient evidence found. This appeal matter has now been disposed.

The *Act* specifies that requests for review must be in writing, and must provide reasons for requesting the review. The complainant was reluctant to provide any evidence to support the request for review and as a result eventually withdrew the request for review by the complaint review committee.



## Complaint Review Matters This Year

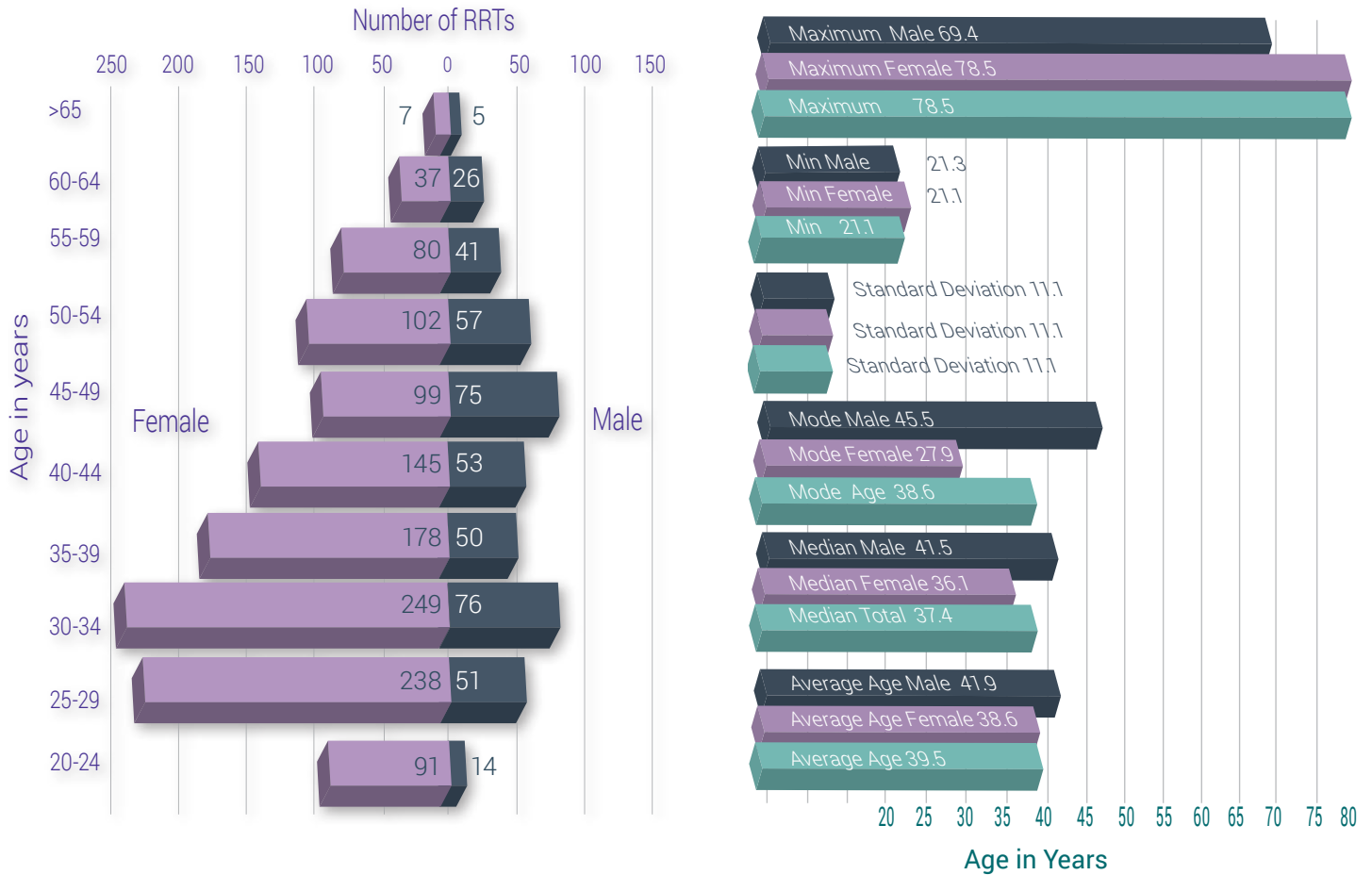
There was one request to review a decision by the Complaints Director not to refer a matter of unprofessional conduct to a hearing tribunal. Following extensive investigation the Complaints Director determined there was insufficient evidence to proceed with the matter.

A Complaints Review Committee was convened to examine the complainant's submission, concurred that there was insufficient evidence of unprofessional conduct, and upheld the original decision not to refer the matter to a hearing tribunal.



# Membership Demographics

## AGE DISTRIBUTION



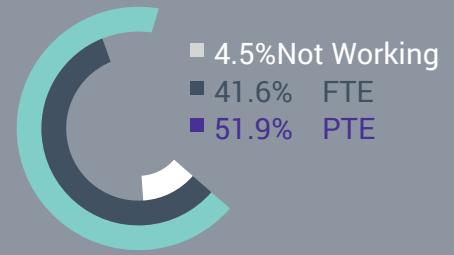
The gender distribution has been trending a larger percentage of females over time and is especially apparent in the younger cohorts. The average age has not changed year over year. It is important to note that the age distribution is not

normal but left shifted for the total population and females. The curve is even less normal for men (bimodal) with a second mode in the 45-50 year data set. This is a result of the changing gender ratio ( increased females ).

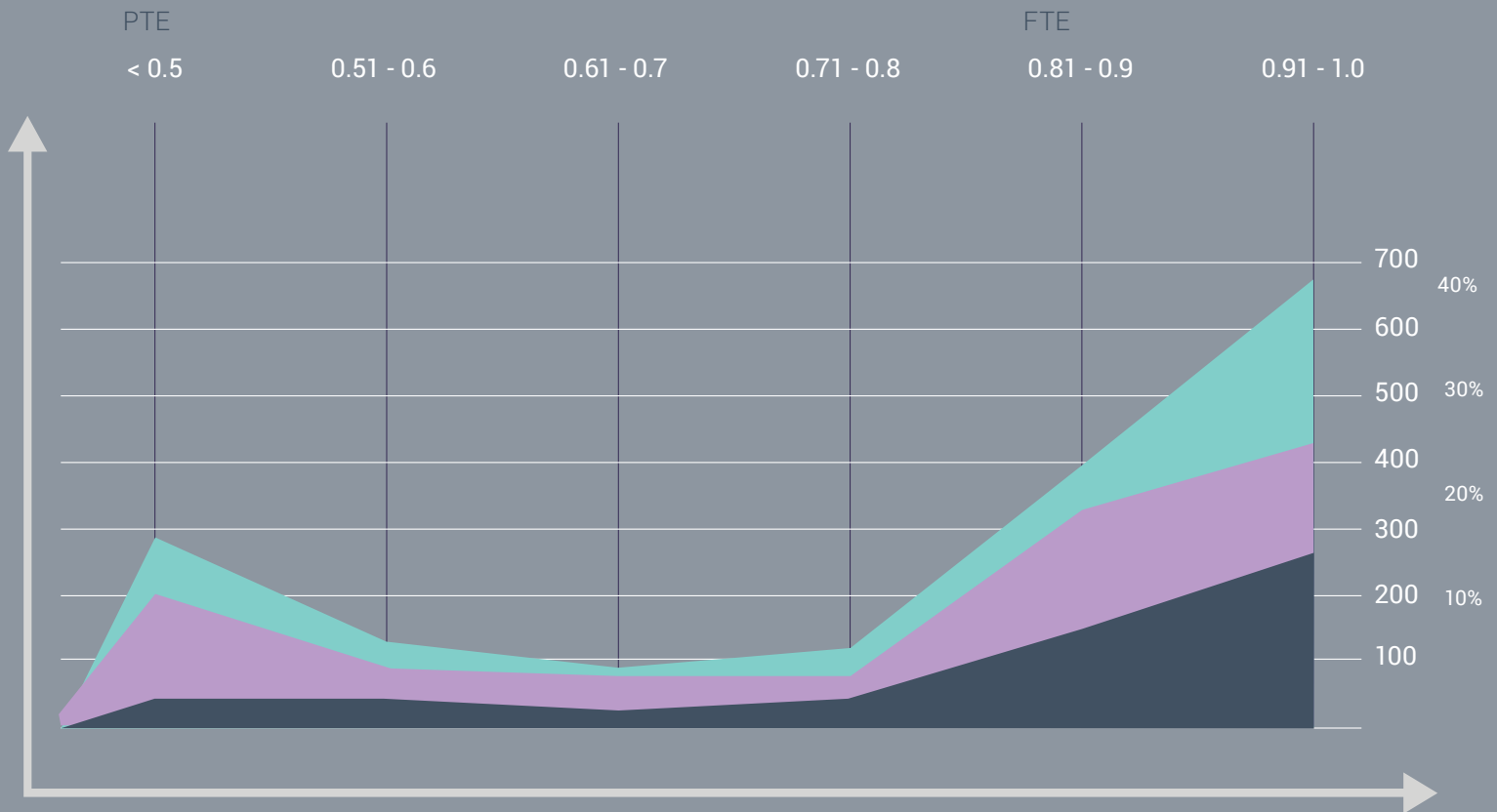


## Part-time and Full - time

The criteria for determining part-time versus full-time was changed this year. In the past the HSA standard of 2015 hours was used. This was changed to be congruent with the *Act* which requires only hours worked to be reported exclusive of vacation hours. Assuming a full time employee works 37.5 hours per week and has 3 weeks vacation, a full time employee would report 1837.5 hours. It is important to note that 78 (4.5 %) of all CARTA members were not working during the 2015 reporting year.



78 Not Working (4.5%)  
715 in FTEs (41.6%)  
892 in PTEs (51.9%)

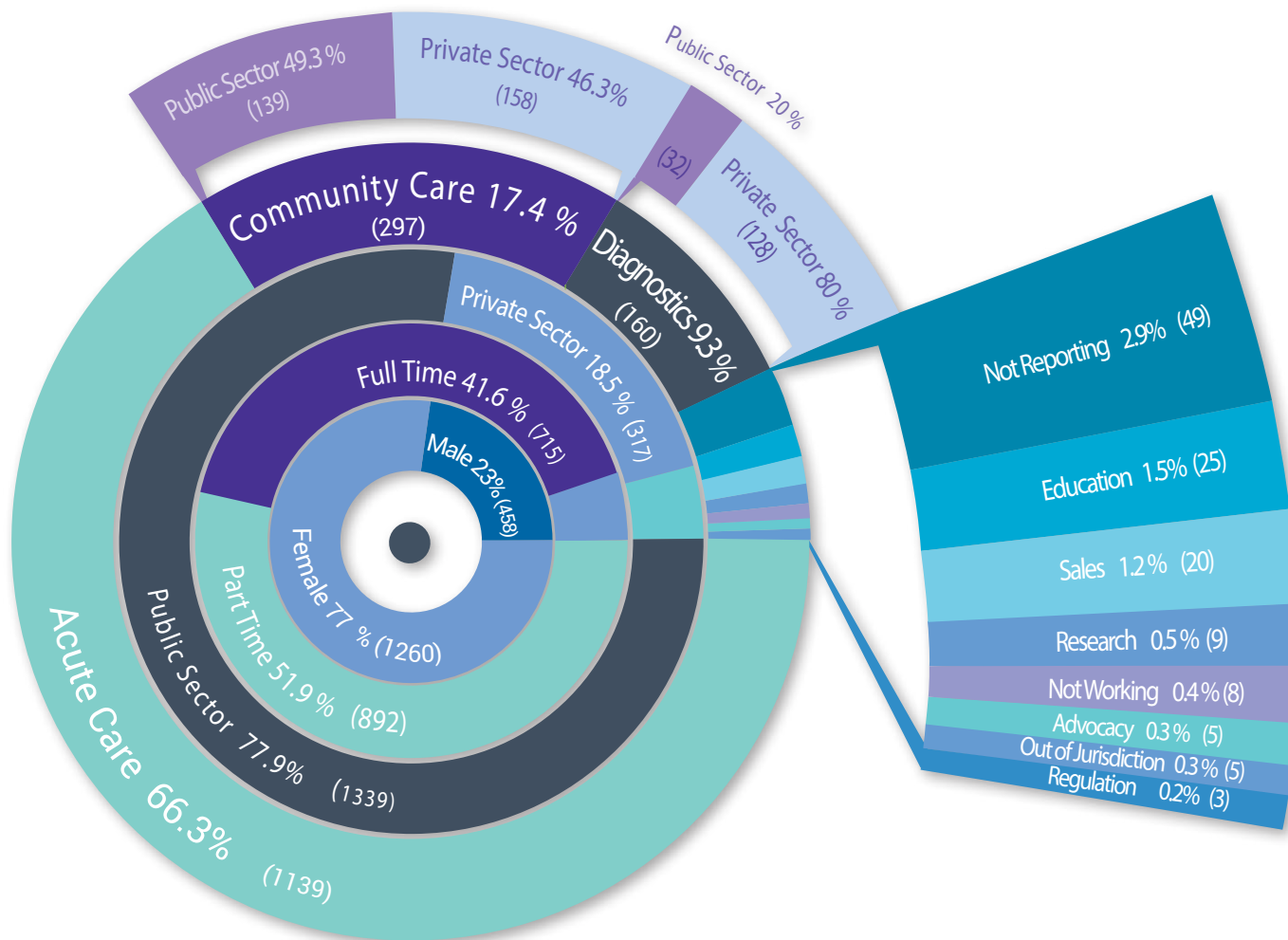


↑ **2.4%**

Total membership is 41 more than last year for a total growth of 2.4%.

The number of members this year was 1718, an increase of 2.4% (41 new members). It is important to note that there were 102 new graduates who became members in 2015. The data suggests that 61 existing members were dropped from the register. Likely causes for the drop include: maternity leave (will return next year), retirement, and members unable to find work.

# Membership Demographics



**PUBLIC SECTOR: 1339 77.9%**

1139 or 85% of Public Sector RRTs are in Acute Care

139 or 10% of Public Sector RRTs are in Community Care

63 or 5% of Public Sector RRTs are in Diagnostics, Education, Research or Advocacy

**PRIVATE SECTOR: 317 18.5%**

158 or 50% of Private Sector RRTs are in Community Care

128 or 40% of Private Sector RRTs are in Diagnostics

31 or 10% of Private Sector RRTs are in Sales, Research, or Advocacy

**NOT REPORTING/WORKING OR OUT OF JURISDICTION**

63 OR 3.6%



<b>Acute Care</b>	<b>1139</b>	<b>66.3%</b>
<b>Community Care</b>	<b>297</b>	<b>17.3%</b>

139 ( 49.3% of RRTs working in the Community, or 8.1% of all RRTs in Alberta) work in the Public Sector  
158 ( 53.2% of RRTs working in the Community, or 9.2% of all RRTs in Alberta) work in the Private Sector

<b>Diagnostics</b>	<b>160</b>	<b>9.3%</b>
--------------------	------------	-------------

32 ( 20% of RRT's working in Diagnostics, or 1.9% of all RRTs in Alberta) work in the Public Sector  
128 ( 80% of RRTs working in Diagnostics or 7.5% of all RRTs in Alberta) work in the Private Sector

<b>Not Reporting</b>	<b>49</b>	<b>2.9%</b>
<b>Education</b>	<b>25</b>	<b>1.5%</b>
<b>Sales</b>	<b>20</b>	<b>1.2%</b>
<b>Research</b>	<b>9</b>	<b>0.5%</b>

2 ( 22% of RRTs working in Research, or 0.1% of all RRTs in Alberta) work in the Public Sector  
7 ( 78% of RRTs working in Research, or 0.4% of all RRTs in Alberta) work in the Private Sector

<b>Not Working</b>	<b>8</b>	<b>0.5%</b>
<b>Advocacy Professional Practice</b>	<b>5</b>	<b>0.1%</b>

1 ( 20% of RRTs working in Advocacy, or 0.1% of all RRTs in Alberta) work in the Public Sector  
4 ( 80% of RRTs working in Advocacy, or 0.2% of all RRTs in Alberta) work in the Private Sector

<b>Regulation</b>	<b>3</b>	<b>0.1%</b>
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**1718**  
RRTs in Alberta

The majority of Respiratory Therapists, in both the public and private sectors, continue to work in urban centers, mainly Edmonton and Calgary.

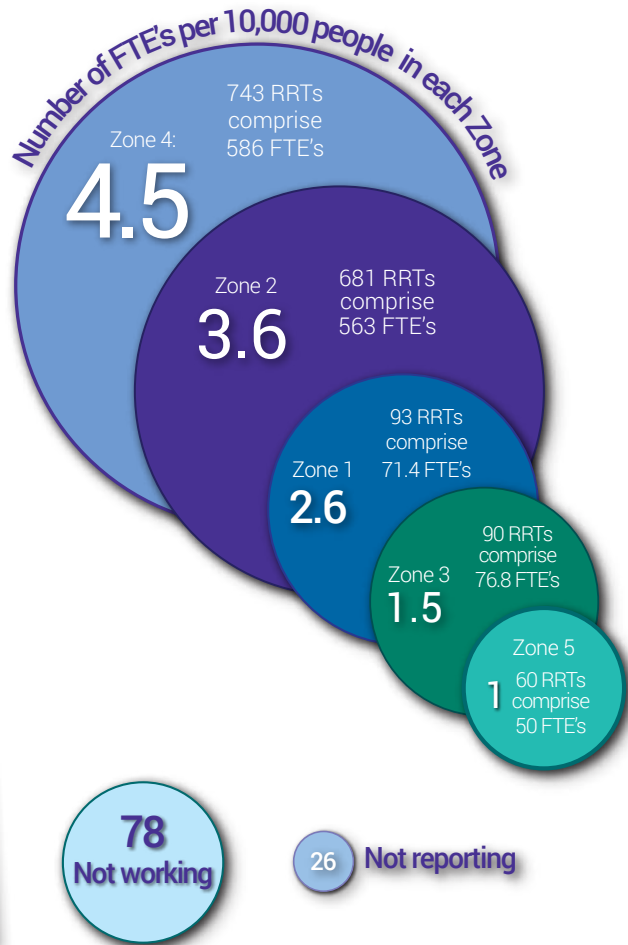
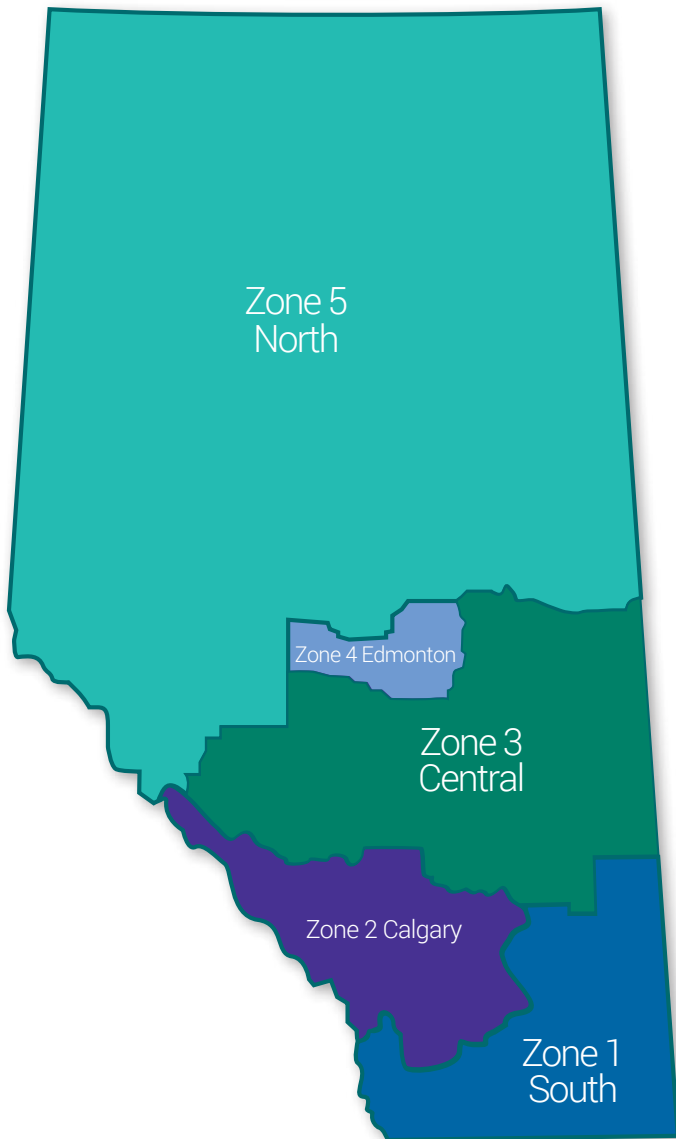


# Alberta Health Zones:

## RRT Full Time Equivalent per 10,000 Albertans



The FTE per 10,000 is calculated by looking at the total full time equivalents (self-reported by member) and the population of the zone (2014 census data). There is considerable variation in this number from a low of 1.04 per 10,000 in Zone 5-North to a high of 4.52 per 10,000 in Zone 4-Edmonton. The number of non-working RTs does not include those who have not registered with CARTA.





Congratulations to Mr. Rodney Rousseau RRT, president and chief operating officer of Respiratory Homecare Solutions, an innovative leading edge business corporation whose motto is to "*exceed patient expectations*". It was announced at the 2015 Annual General Meeting in Red Deer that Rod would receive his award. Rod was presented with a Tissot sport timepiece and certificate in recognition for his outstanding service to patients, their family and the profession.

Recipients of the outstanding service award are nominated by at least four members who are all in good-standing with the College. The nominators submit a one page biography of the nominee to the Council. The Council decides whether to award the regulated member based on their contributions to patients, their families as well as outstanding service to their profession in the province.

# Outstanding Service Award





# Highlights of Financial Reports

CARTA continues to prepare its financial statements in accordance with Canadian Accounting Standards for Not-For-Profit Organizations (ASNPO). These statements continue to be audited independently, and in accordance with Canadian Generally Accepted Auditing Principles (GAAP). This year's audit, completed in April of 2016, indicated that CARTA has continued to comply, in all material respects, with ASNPO requirements.

Restricted cash, of \$73,030, in short term guaranteed investment certificates (GIC) has matured during this fiscal year. CARTA continues to maintain both \$485,992 in short-term GIC's, which will be maturing in the next fiscal year, and \$214,008 in long-term investments set to mature in the next two to four years.

In the independent audited financial statements that follow, it is evident that CARTA has, over the fiscal year ending January 2016, continued to effectively manage membership revenue. CARTA has experienced current asset growth of \$336,747, up to 17% from 12% in the fiscal year ending January of 2015. This increase in growth was primarily due to an increase in short term advances of \$366,791.

## Liability

Current liabilities increased 33% this year, up \$41,529, with just over half of this rise occurring as a result of growth in unearned revenues of \$23,500. These unearned revenues of \$135,767 consist primarily of membership services, for the months of March and April of 2016 and remained outstanding at CARTA's 2016 year-end. A portion of this unearned revenue is considered earned each month in accordance with GAAP requirements.

## Investment

Restricted cash, of \$73,030, in short term guaranteed investment certificates has matured during this fiscal year. CARTA continues to maintain both \$485,992 in short-term GIC's, which will be maturing in the next fiscal year, and \$214,008 in long-term investments set to mature in the next two to four years.

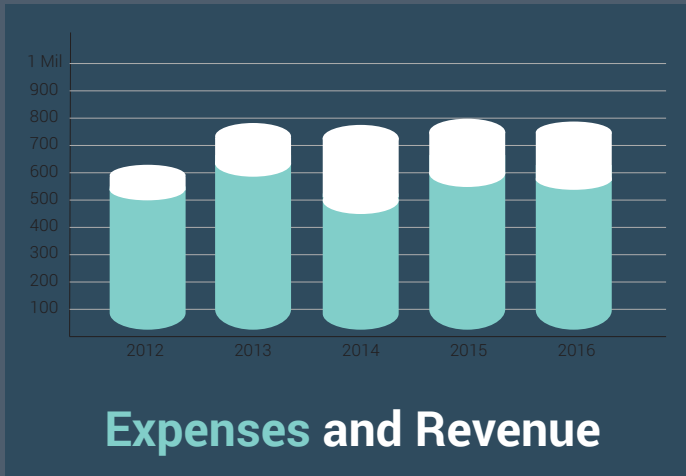
## Revenue

CARTA's membership revenue increased very slightly, up 1.38% over the fiscal year; lower than the increase of 4.7% that we experienced over the January 2015 year-end. Overall revenues were also lower than last year's 5% increase, down 1%, primarily as a result of a decrease in symposium revenue. CARTA hosts a symposium every second year. In 2015 the symposium revenue was \$20,563, with related expenses of \$53,474. With no symposium in 2016 these comparative revenues and expenses have not occurred. We anticipate that increases in both symposium revenues and correlated operating expenses will occur once again in 2017, and we plan to continue to allocate our budget accordingly.





# Financial Trends



## Change in Total Revenue Year over Year

2012	2013	2014	2015	2016
17%	0.3%	3%	-1%	

Revenue growth over the last 5 years **19.4%**

**4.8%** Average Annual Revenue Growth in the Past 5 years

## Change in Assets Year over Year

2012	2013	2014	2015	2016
16%	28%	15%	14%	

Growth of Assets over the last 5 years **48%**

**18.3%** Average Annual Asset growth in the past 5 years



Overall we believe that we have continued to be prudent managers of CARTA's finances. We continue to look at ways to effectively invest and grow CARTA's free capital, including short-term GICs and long-term investments. We fully intend to continue being excellent stewards of CARTA's finances.



# 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, 2016 and the statements of operations, changes in net assets, and cash flows for the year ended January 31, 2016, 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.

**DEBORAH V. WALKER**

**PROFESSIONAL CORPORATION**

Chartered Professional Accountant CGA

127 Cranwell Close SE

Calgary Alberta T3M 1B1

587-353-0525 403-399-7742

April 26th 2016

### 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, 2016, and its financial performance and its cash flows for the year ended January 31, 2016 in accordance with Canadian accounting standards for not-for-profit organizations.



# Statement of Operations

<b>REVENUE</b>	<b>2016</b>	<b>2015</b>
Membership Revenue	\$ 693,867	\$ 684,419
Interest ( Note 4 )	16,854	17,397
Advertising revenue	8,550	8,325
Cost Recovery - National Alliance	7,550	4,774
Other	1,417	1,100
Symposium Revenue	-	20,563
	<b>\$ 728,188</b>	<b>\$ 736,578</b>
<b>OPERATING EXPENSES</b>		
Investigations and Conduct ( note 12 )	43,150	24,844
Accommodation, travel and parking	36,493	28,875
Promotion and meals	8,575	10,493
Professional development ( note 11 )	5,386	28,719
Memberships	4,500	3,750
Supplies and other	1,632	17
Telephone	2,231	2,526
Awards, diplomas and certificates	1,737	2,476
Consulting	230	37,055
Symposium ( Note 10 )	-	53,474
	<b>\$ 103,934</b>	<b>\$ 192,229</b>



## Statement of Operations Continued

<b>ADMINISTRATIVE COSTS</b>		
Wages and Benefits	270,585	224,100
Promotion and web page	63,173	39,461
Rent	36,576	33,793
Office and general	32,412	28,008
Professional fees	17,642	15,980
Amortization of tangible assets	14,122	9,637
Bank charges	13,971	15,580
Memberships and subscriptions	6,571	6,678
Insurance	1,605	1,627
Training	727	5,148
Equipment rental	-	10,209
Donations		100
	<b>457,384</b>	<b>390,321</b>
<b>EXCESS OF REVENUE OVER EXPENSES</b>		
	<b>166,870</b>	<b>154,028</b>
<b>OTHER</b>		
Gain ( loss ) on disposal of assets	(369)	-
<b>EXCESS OF REVENUE OVER EXPENSES</b>	<b>\$166,501</b>	<b>\$154,028</b>

## Statement of Net Assets

<b>NET ASSETS</b>	Invested in capital assets	Restricted (note9)	Unrestricted	Total 2016	Total 2015
Balance at Beginning of Year	\$ 20,757	\$ 700,000	\$ 364,240	\$ 1,084,997	\$ 930,968
Excess of revenues over expense	(14,490)	-	180,991	166,501	154,028
Investment in capital assets	18,294	-	(18,294)	-	-
<b>BALANCE AT END OF YEAR</b>	<b>\$ 24,561</b>	<b>\$ 700,000</b>	<b>\$ 526,937</b>	<b>\$ 1,251,498</b>	<b>\$ 1,084,996</b>



# Statement of Financial Position

## ASSETS

CURRENT	2016	2015
Cash and cash equivalents	\$ 513,486	\$ 483,584
Restricted Cash	-	73,030
Short-term investments	161,241	-
Short-term investments - restricted ( note 4 )	485,992	280,442
Interest receivable	1,157	1,183
Prepaid expenses	19,651	6,505
<b>TOTAL CURRENT ASSETS</b>	<b>1,181,491</b>	<b>844,744</b>
INVESTMENTS - restricted ( note 4 )	214,008	346,528
CAPTITAL ASSETS ( note 5 )	19,284	11,495
INTANGIBLE ASSETS ( note 6 )	5,276	9,262
<b>TOTAL ASSETS</b>	<b>\$ 1,420,059</b>	<b>\$ 1,212,029</b>

## LIABILITIES

CURRENT		
Accounts payable and accrued liabilities	\$ 15,344	\$ 8,940
Credit Card Payable ( note 7 )	1,984	--
Payroll liabilities	11,207	5,825
Wages Payable	4,259	-
Unearned revenue	135,767	112,267
<b>TOTAL LIABILITIES</b>	<b>\$ 168,561</b>	<b>\$ 127,032</b>

## NET ASSETS

Invested in capital and intangible assets	\$ 24,561	\$ 20,757
Restricted net assets ( note 9 )	700,000	700,000
Unrestricted net assets	526,937	364,240
<b>TOTAL NET ASSETS</b>	<b>\$1,251,498</b>	<b>\$1,084,997</b>

**Total Liabilities and Net Assets** **\$ 1,420,059** **\$ 1,212,029**

Approved by Directors:

Original Documents Signed, Director

Original Documents Signed, Director



## Cash Flow Statement

<b>OPERATING ACTIVITIES</b>	<b>2016</b>	<b>2015</b>
Cash receipts from membership dues	\$ 724,867	\$ 694,089
Cash paid to suppliers and employees	(542,278)	(597,205)
Symposium, newsletter, and other cash receipts	9,967	17,418
Interest received	16,880	17,418
	<b>\$ 209,436</b>	<b>\$ 144,290</b>
<b>INVESTING ACTIVITIES</b>		
Purchase of capital assets	(14,042)	(7,549)
Purchase of investments	(234,271)	(120,889)
Purchase of intangible assets	(4,252)	(7,560)
	<b>(252,565)</b>	<b>(135,998)</b>
(DECREASE) INCREASE IN CASH AND CASH EQUIVALENTS	(43,129)	8,292
CASH AND CASH EQUIVALENTS, beginning of year	556,614	548,322
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<b>\$ 513,485</b>	<b>\$ 556,614</b>
<i>CASH AND CASH EQUIVALENTS consist of:</i>		
<i>Cash</i>	<i>\$ 513,486</i>	<i>\$ 483,584</i>
<i>Restricted Cash</i>	<i>-</i>	<i>73,030</i>
	<b>\$ 513,486</b>	<b>\$ 556,614</b>



# NOTES TO FINANCIAL STATEMENTS page 1

## 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) Cash and cash equivalents include amounts on deposit with financial institutions, bank overdrafts that fluctuate frequently from being positive to overdrawn, and term deposits that mature within three months from the date of acquisition. Cash and cash equivalents includes restricted cash on deposit with financial institutions.*

*b) The organization recognizes its revenue on a deferral basis and 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.*



## NOTES TO FINANCIAL STATEMENTS page 2

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

<i>Computer hardware</i>	<i>45% declining balance</i>
<i>Furniture and equipment</i>	<i>20% declining balance</i>

f) *Purchased intangible assets are recorded at cost. Amortization is recorded at the following rates, which have been established by estimates of useful lives as follows:*

<i>Website</i>	<i>3 years straight line</i>
<i>Computer Software</i>	<i>2 years straight line</i>

g) *Financial assets and liabilities are measured initially at fair value. Subsequent measurement is at amortized cost, except for investments in equity instruments that are quoted in an active market, which are measured at fair value. Changes in fair value are recognized in net income.*

*Financial assets measured at amortized cost consist of cash, term deposits and accounts receivable.*

*Financial liabilities measured at amortized cost consist of the bank overdraft, accounts payable and wages payable.*

h) *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 bases their 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.*





## NOTES TO FINANCIAL STATEMENTS page 3

### 3. SHORT-TERM INVESTMENTS

The short-term investments consist of guaranteed investment certificates maturing within 1 year earning interest of 0.90% to 3.17%. The cost approximates the market value.

### 4. RESTRICTED CASH AND INVESTMENTS

	2016	2015
Restricted Cash	\$ -	\$ 73,030
Short-term Investments	485,992	280,442
Investments	214,008	346,528
	<b>\$ 700,000</b>	<b>\$ 700,000</b>

The use of these investments are restricted - see note 9. The short-term investments consist of guaranteed investment certificates maturing within 1 year earning interest of 0.90% to 3.17%. Investments consist of guaranteed investment certificates, with various maturity dates from Jan 2017 to August 2020, earning interest of 1.25% to 1.50% per annum.

### 5. CAPITAL ASSETS

	2016		2015	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Computer hardware	\$ 16,545	\$ 5,804	\$ 12,854	\$ 9,314
Website	23,836	15,293	22,177	14,222
	<b>\$ 40,381</b>	<b>\$ 21,097</b>	<b>\$ 35,031</b>	<b>\$ 23,536</b>
		<b>\$ 19,284</b>		<b>\$ 11,495</b>



## NOTES TO FINANCIAL STATEMENTS page 4

### 6. INTANGIBLE ASSETS

	2016		2015	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Computer software	\$ 472	\$ 36	\$ -	\$ -
Website	24,066	19,026	20,286	11,024
	<b>\$ 24,538</b>	<b>\$ 19,262</b>	<b>\$ 20,268</b>	<b>\$ 11,024</b>
		<b>\$ 5,276</b>		<b>\$ 9,262</b>

### 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, 2016 the balance was \$1,984 (2015 - nil)

### 8. UNEARNED REVENUE

	2016	2015
Unearned Revenue	\$ 135,767	\$ 112,267
	<b>\$ 135,767</b>	<b>\$ 112,267</b>

Membership dues are collected in February and March for the period of April 1 to March 31. As at January 31, two months of the services have not been provided for the membership dues. These services which have not yet been provided, according to accounting principles, require that this unearned portion must be deferred and taken into income in the following period.



## NOTES TO FINANCIAL STATEMENTS page 5

### 9. RESTRICTIONS ON 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.

### 10. SYMPOSIUM EXPENSES

Meals	\$27,299
Speaker and Entertainment	9,523
Honorarium	9,311
Meeting room rental	3,156
Travel	2,659
Printing	785
Postage	310
Supplies	249
Delegate Packages	139
Accommodations	43
	<b>\$53,474</b>

### 11. PROFESSIONAL DEVELOPMENT

	2016	2015
Conduct Committee	\$ 923	\$ 14,662
Communities of practice	-	6,850
Executive director	2,429	4,048
Council Committee	1,797	2,074
Deputy Registrar	237	1,085
	<b>\$ 5,386</b>	<b>\$ 28,719</b>



## NOTES TO FINANCIAL STATEMENTS page 6

### 12. INVESTIGATIONS AND CONDUCT

	<b>2016</b>	<b>2015</b>
Investigations into conduct	\$ 24,478	\$ 24,639
Legal Fees associated with conduct and hearings	18,672	205
	<b>\$ 43,150</b>	<b>\$ 24,844</b>

### 13. LEASE COMMITMENTS

The organization entered into a lease for the office premises and storage November 2015 for 6 years, requiring monthly payments of \$1,688 (after Nov 2019 - \$1,781) plus GST. In addition operating costs of an estimated \$14,500 per year will be payable. In July 2015 the organization entered into a 5 year lease for storage requiring annual lease payments of \$1,860.

2017	\$ 22,116
2018	22,116
2019	22,116
2020	22,395
2021	22,395
	<b>\$ 111,138</b>

### 14. 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, currency, interest rate, liquidity, or market risk arising from these financial instruments. The fair value of these instruments approximate their carrying value.



# CARTA/CSRT Consensus Statement On Patient and Family Centered Respiratory Care

## Consensus Statement

PATIENT and FAMILY CENTERED CARE (PFCC) is a fundamental patient right and will serve to empower Registered Respiratory Therapists (RRTs) to provide the highest levels of patient care, be effective within their health-care team and improve the health and wellness of their patients and their families within existing health care resources available. In addition PFCC empowers patients and their families by including them as an important part of the health-care team and is a means of improving the patient's health outcomes.

## Background

During the strategic planning session organized by the College and Association of Respiratory Therapists of Alberta (CARTA) in the fall of 2014, CARTA stakeholders identified PATIENT and FAMILY CENTERED RESPIRATORY CARE as an important strategic direction.

CARTA invited the Canadian Society of Respiratory Therapists (CSRT) to participate in an initiative with the goal of determining the key principles for effective PATIENT and FAMILY CENTERED RESPIRATORY CARE.

The *Consensus Statement* also meets several CSRT strategic direction outlined in the *Blueprint for the Profession*, in particular:

*Pillar 1 - The Respiratory Therapist is an advocate for the patient*

*Pillar 4 - The Respiratory Therapist is an active participant and support of inter-professional communication and collaboration*

*Pillar 7 - The Respiratory Therapist is actively engaged in health promotion and wellness*

The *Consensus Statement* outlines the core principles which are bolstered by supporting statements. The purpose of this consensus statement is to provide a framework to guide future policy directions for the profession in the establishment of a culture of compassion, caring and collaboration with the patient and their family.

## Methodology

Between March and May 2015, Bryan Buell, CARTA Registrar, and Christiane Ménard, CSRT Executive Director in consultation with Don Winn from DL Winn & Associates, initiated extensive consultation with practitioners working in a variety of environments. We gathered information through various means including a review of PFCC initiative implemented at provincial and national levels, an online survey of the entire CSRT and CARTA memberships, and a national workshop with participation of RRTs from across Canada. The *Consensus Statement* was approved by the CSRT Board of Directors and CARTA Council in October 2015.

Continued next page



# CARTA/CSRT Consensus Statement

## On Patient and Family Centered Respiratory Care

### CORE PRINCIPLES- PATIENT AND FAMILY CENTERED RESPIRATORY CARE

#### I RRT's Respect the autonomy of the patient:

- Will listen and communicate clearly;
- Will understand the patient's goals;
- Will provide options for the patients to make informed decisions about their health care plan;
- Will ensure that every encounter is meaningful and positive for the patient and family;
- Will create common goals with the patient and their family;
- Will administer therapies in an appropriate, competent and compassionate manner for the patient and their family;
- Will encourage and support patients and their family in care and decision-making at the level they choose.

#### II RRTs Value the patient as an equal member of the health care team:

- Will listen, educate, and advocate with the patient and on their behalf;
- Will listen to the patient's needs and respond accordingly;
- Will invite patients and their family to work together with health care staff to develop and evaluate policies and programs.



#### III RRT's value the voice of the patient and their families:

- Will treat the patient and their families with dignity and respect;
- Will ensure the patients and families are embedded in the culture of care within Respiratory Therapy departments, professional practice, student education, policy/procedures, guidelines and professional bodies;
- Will prioritize collaboration with the patient and their family according to the patient/family's culture, beliefs and values.



**IV RRTs are committed to educating patients and their families in order to empower and support them:**

- Will participate in the creation of the respiratory care plans in collaboration with the patient and their family;
- Will communicate and share complete and unbiased information with patients and their family in a useful way;
- Will remember the vulnerability felt by patient and their family;
- Will promote health and wellness in the community and hospital settings

**V RRTs are patient advocates:**

- Will provide the tools to the patient to make informed decisions

**VI RRTs provide care without judgement or prejudice:**

- Will treat patients and families the way they want to be treated;
- Will respect different cultures and beliefs;
- Will support diversity.

**VII RRTs believe in accountability:**

- Will follow through with the care plans established in collaboration with the patient, their family and other members of the health care team.



**CANADIAN SOCIETY OF RESPIRATORY THERAPISTS**  
**SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES**



# 2014 Symposium and AGM

**CARTA holds a Biennial Educational Symposium with the AGM and this year's will be in Edmonton. Here is a look at some of the presenters and members participating in the AGM. 2016 promises to have another excellent turnout.**



Council at the AGM

Right: Thomas Piraino RRT, a Respiratory Therapy Educator from Hamilton, and popular speaker in the topic of pulmonary mechanics and mechanical ventilation assessment and strategies.

Below: Dr Michael Murphy, Professor and Chair, Department of Anesthesiology & Pain Medicine, University of Alberta and the Zone Chief, Department of Anesthesiology, Edmonton, presented the latest in airway management.







Above Left: Paula Miles RRT, Unit Manager at Foothills Medical Center in Calgary, presented with Mirette Dube RRT (not in photo) on improving patient care via the Low Risk Trach Pathway used in Calgary.

Above Right: Keynote speaker Janet Davidson OC greeted and speaker Valerie Cade CSP

Left: Dr Karen Rimmer of the Calgary Long Term Ventilator program presented on Respiratory Implications of Spinal Chord Injury



Members at the AGM have the opportunity to review the financial report, hear about ongoing committee work, elect new Council Members and present the Outstanding Achievement awards.



# Corporate and 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 hard-copy 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 and publish 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.



# College and Association of Respiratory Therapists of Alberta



*Maintaining the Integrity of our Profession  
& Clinical Problem Solving*



# Education Symposium & AGM 2016

October 20-22, 2016

## Speakers

Dr. Michael Meier and Cheryl Babiak RRT, Edmonton, Alberta

Thomas Paraino RRT, Hamilton, Ontario

Linda Tymchuk RRT, Edmonton, Alberta

George Verghese RRT, Cardston, Alberta & Gerald Spence RRT Calgary, Alberta

Colleen Hansmeyer RRT, Calgary, Alberta

Dr. Zinnia Pritchard Edmonton Alberta & Rena Sorensen RRT Ponoka Alberta

Investigator Shannon Glover Calgary Alberta

Megan Hart RRT, Calgary Alberta

Jennifer Stefura RRT, MA & Meredith Patey RRT, Calgary, Alberta

Darrel Melvin RRT, CAE, Red Deer, Alberta

Christiane Menard, Ottawa, Ontario

Bryan Buell RRT, BGS, CTAJ, Calgary, Alberta

Shannon Silver RRT, Calgary, Alberta

Zubin Sologar RRT, Edmonton, Alberta

Brian Witschen RRT, Edmonton, Alberta



## Keynote Speaker Tina Varughese

***CTRL-ALT-DEL***  
*Give the (Re) Boot to  
Work-Life Balance*

Marriot Courtyard Hotel  
Edmonton West  
10011 - 184 St NW, Edmonton  
780 - 638 - 6070



# Committees and Volunteers

CARTA is proud to acknowledge the following people for their dedication, time and services to meeting the standards of our Values, Vision and Mission.

## Registration Committee

### Chairperson

Mr. Jeff Ung RRT, Calgary

Ms. Judy Duffett-Martin RRT, Calgary

Mr. Will Cunnington RRT, Calgary

Mr Travis Eremko RRT, Calgary

Ms. Dolores Michelin RRT, Calgary

Thanks to Mr. Kirby Peterson RRT, Medicine Hat who resigned this year.

## Hearing Tribunal Complain Review Committee

### Chairperson

Mr. Robbert Alexander  
(Former Council Public  
Member)

Ms. Kim Tilley RRT, Edmonton

Mr. Joel MacPherson RRT, Edmonton

Mr Will Cunnington RRT, Calgary

Ms. Juanita Davis RRT, Calgary

## Vission Committee

Mr. George Verghese RRT, Cardson

Ms. Micheline Courtney RRT, Calgary

Mr. Timothy Gill RRT, CAE, Grande Prairie

Mr. Nicolas Castle RRT, Calgary

Mrs. Linda Tymchuck RRT, MA, Edmonton

Mr. Jeffery Ung RRT, Calgary

Ms. Dolores Michelin RRT, Calgary

Mr. Darryl Ewanchuk RRT, Edmonton

Mr. Gregory Hind RRT, Calgary

**College Advisor to ACRON Alberta – Mrs. Barbara Caron RRT**



Printing Services

**Budget Printers**

Northland Mall, Calgary

403 247 0896

Technical Writing  
and Financial Analysis

**Karen Lynn Perry BCOM**

JD Candidate

403 701 3184

perry.k.lynn@gmail.com

Graphics and Design

**Shannon Silver Images**

Visual Design and  
Photography

403 891 5030

info@shannonsilverimages.ca



#### OFFICE LOCATION

Suite # 218 6715 8th St NE  
Calgary, AB, Canada  
T2E 7H7

#### OFFICE HOURS

Monday - Friday 8:00 - 4:15

#### CONTACT

**Phone:** 403 274 1828  
1 800 205 2778

**Fax** 403 274 9703

**Email:** [bryanbuell@carta.ca](mailto:bryanbuell@carta.ca)

**Web:** [www.carta.ca](http://www.carta.ca)

