

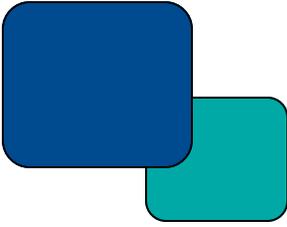
CANADIAN SOCIETY OF RESPIRATORY THERAPISTS

# Annual Report 2012



CANADIAN SOCIETY OF RESPIRATORY THERAPISTS

SOCIÉTÉ CANADIENNE DES THÉRAPEUTES RESPIRATOIRES

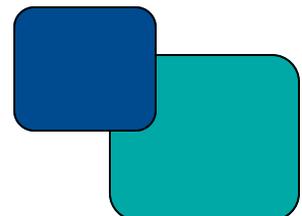


# Mission

The CSRT provides national leadership thorough advocacy, service and unity, for respiratory therapists in Canada.

# Vision

The Canadian Society of Respiratory Therapists is a vital advocate, nationally and internationally, for respiratory therapists as leaders in the promotion of health and the delivery of quality respiratory care.





**Message  
from the  
CSRT**

**President**

Angela Coxé  
RRT, BSc,  
MBA, FCSRT

It has been less than a year since I became President of the Canadian Society of Respiratory Therapists. Since starting on the Board of Directors five years ago, I have been encouraged by the significant growth and progress in our profession and our professional association.

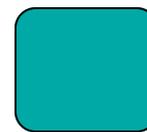
In 2012, the CSRT set out to accomplish all remaining objectives outlined in the 2009-2012 strategic plan. All objectives have been met and this document outlines the achievements from January 1 to December 31, 2012. As we came to the conclusion of 2012, the Board of Directors had to make a decision: With the limited resources available, do we develop a strategic plan for the CSRT or for the profession? The overwhelming response to this question from all Board members was – we must develop a strategic plan for the profession – in particular as the profession celebrates its 50<sup>th</sup> anniversary in 2014.

Over the next half of my two-year term as president, my goal is to help guide the future for the profession. Working with the Board of Directors and staff, we have embarked on a process to develop a “blueprint for the profession”. This is the most important CSRT initiative in the past 20 years and the plan is to involve all of you in shaping its future. There will be several levels of consultation with RTs, with other health professionals, with educators, with leaders, with regulators, with industry. The final “blueprint” document will be finalized by the Board of Directors at the end of 2013 and will be launched at the 2014 CSRT conference in Montreal.

While the CSRT is a relatively small organization, I am gratified for all that has been accomplished. The CSRT has forged solid partnerships with the regulatory bodies, with the accreditation and certification agencies, with national and provincial health organizations, with our industry partners, and most importantly with our members. The CSRT continues to represent RTs across Canada and participates in many committees, task forces and workgroups. As such, the profession is becoming understood by other health care providers, by industry, by policy makers and other relevant stakeholders. The CSRT is at the table with the other professions for on-going discussions about health care transformation at the federal, provincial and territorial level through our partnership with the Health Action Lobby Group (HEAL).

While I am grateful for all that has been accomplished in the past, for the dedication of Board members and the resourcefulness of our office staff, the measure of our courage and determination will be a function on how we build our future.

In closing, I am thankful for the generosity, active involvement, hard work and positive attitude of CSRT Board members. As we move forward, let us be grateful for all that we have accomplished and continue building a solid national professional association that can support and advocate for the future of the respiratory therapy profession.





**Message  
from the  
CSRT  
Executive  
Director**

Christiane Mé-  
nard

This annual report provides CSRT members a progress report on the programs and initiatives implemented from January to December 2012 to fulfill the requirements of the 2009-2012 strategic plan. I am very happy to report that the CSRT met all the objectives outlined in the strategic plan.

We have seen a steady increase in membership – a testament to the hard work and creativity of our volunteers, advocates and staff. As of December 31, CSRT membership was 3,246 - a record for the CSRT.

As I enter my fifth year as Executive Director, I would like to reiterate our on-going commitment to enhance the services and increase the advocacy initiative to support our members and most importantly, to play a leadership role in the evolution of the profession within a complex health care environment.

*The following are some highlights of the initiatives and activities implemented in 2012 for the benefit of members and the profession as a whole:*

- Creation of scholarships for RTs pursuing post-graduate studies (\$2,500 each) through a partnership with IKARIA;
- Creating opportunities for RTs to deliver presentations at their CSRT national education conference;
- Negotiating lower premiums and better coverage for professional liability insurance;
- Enhancing professional liability insurance coverage for students and new graduates;
- Improving knowledge transfer and professional development through online tools – i.e. Journal Club, webinars;
- Enhancing communication for professional practice on listservs and between RT researchers through creation of a RT Research Listserv;
- Launching new programs and activities to engage students in their profession (i.e. new Facebook page);
- Increasing promotional items available to members for RT Week activities;
- Improving partnership with industry through a corporate membership category
- Creating new position statements and best practice statements;
- Advocating for the participation of RTs in national projects and programs;
- Improving CSRT's presence at provincial meetings and conferences;
- Implementing advocacy initiatives at the national and international level;
- Facilitating the national coordination of Boehringer Ingelheim's COPD CARE Program by RTs.



**CSRT Board of Directors**

*Left to right (Back Row)*

Director David Sheets;  
 Director Barbara MacDonald;  
 Director Louis-Phillip Belle-Isle;  
 Past-President Jim McCormick.

*(Front Row)* Director Chantale  
 Blanchard; President Angela  
 Coxe; Director Cynthia Welton.

*(Missing)* Treasurer Jeff  
 Dymtrowich; Director Susan  
 Martin; Director Student  
 Relations Edouard Saadé

**CSRT Board of Directors 2012–2013**

**Executive**

President—Angela Coxe, RRT, BSc, MBA, FCSRT	Ontario
Past-President—James McCormick, RRT,	Ontario
Treasurer—Jeff Dymtrowich, RRT, FCSRT	Saskatchewan

**Directors**

Louis-Phillip Belle-Isle, RRT	Quebec
Chantale Blanchard, RRT	Prince Edward Island
Barbara MacDonald, B.Ed, RRT, EMCA	Nova Scotia
Susan Martin, RRT	Ontario
Edouard Saadé (Student Relations)	New Brunswick
David Sheets RRT, ID, MA	British Columbia
Cynthia Welton, RRT, Hon BSc, FCSRT	Ontario

**CSRT Staff (as of December 31, 2012)**

Milena Cotinghi – Manager, Accreditation Services  
 Christina Dolgowicz – Director, Professional Practice (part-time/maternity leave)  
 Rita Hansen – Manager, Communications  
 Christiane Ménard – Executive Director  
 Lindsey Naddaf – Manager, Membership and Conference Services  
 Mandy Ricard – Administrative Coordinator, Membership and Conference Services  
 Kim Ryan - Finance and Administration Officer

## Strategic Direction 1

### *The CSRT will be an effective advocate for the RT profession, the health care system and the quality*

#### Creating Opportunities for RTs

##### **a) CSRT / IKARIA Scholarship Grants**

In collaboration with IKARIA, the CSRT established three education grants (\$2,500 each) for CSRT members pursuing post-graduate studies. The CSRT / IKARIA scholarships were presented to the recipients during the President's Banquet at the CSRT Annual Education Conference. The three RT recipients of these scholarships were invited by the CSRT to the Annual Education Conference. They received their \$2,500 cheques from Jared Rhines, IKARIA's General manager. After the conference IKARIA increased the funding for the scholarships for 2013 by generously offered to pay for the four scholarships.

##### **The selected recipients for 2012 were:**

*Jason Nickerson, Ottawa, ON*

*Susan Haskell, Conception Bay, NL*

*Alean Annemarie Jackman, Georgetown, ON*

##### **b) Respiratory Therapists Presenting at CSRT Conference**

Respiratory therapists continue to enthusiastically support the conference by submitting their topics for presentation at this event. The invitation for submission of session topics for presentation at the 2013 Conference in Niagara Falls ON, was met with an excellent response. The Committee considered abstracts for presentations from all areas of respiratory therapy practice with over 80 submissions received.

##### **c) CSRT Facilitates COPD C.A.R.E. Program**

The CSRT partnered with Boehringer Ingelheim for the national coordination of their COPD C.A.R.E Program. Within the framework of this project, COPD C.A.R.E. Clinics provide early screening for patients at risk for chronic obstructive pulmonary disease (COPD) at the primary care level. Certified Respiratory Educators provide pre and post-spirometry and education on chronic disease management. Ultimately, this service leads to improved patient outcomes and quality of life with an overall decrease need of tertiary level care. The CSRT hired Christina Dolgowicz RRT, CRT, FCSRT to facilitate the implementation of the RT Clinic Days. The CSRT believes that the national coordination of this important initiative has led to increased opportunities for respiratory therapists across Canada to demonstrate their skills, knowledge and judgment in the field of respiratory care, and in particular in the management of patients suffering from COPD. Michelle Maynard replaced Christina Dolgowicz who was on maternity leave .

#### Advocating for RTs

##### Participation in National Initiatives

##### **a) Canadian Critical Care Knowledge Translation Network**

The CSRT was invited to participate in this project entitled – “aC<sup>3</sup>KTION Net”, a project led by Dr. John Muscadere of Kingston, who obtained funding for this initiative. The CSRT was invited to participate on the Steering Committee.

#### b) Canadian Critical Care Trials Group Strategic Planning

The CSRT participated in the CCCTG strategic planning process.

#### d) Idiopathic Pulmonary Fibrosis Survey for Partner

The CSRT helped facilitate a short survey establishing the scope of the involvement of respiratory therapists with patients suffering from Idiopathic Pulmonary Fibrosis. As an incentive, participants had their names included in a draw to win a complimentary registration to *CSRT 2013 Annual Education Conference*.

#### e) Recognition of Canadian RT Credential in U.S.

Since the expiration of the reciprocity agreement between CSRT and NBRC (over two years ago), the CSRT has continued in it's efforts to create a new agreement. The original agreement was first established in the 1980's, when the CSRT was the only credentialing body in Canada and the NBRC is the credentialing body in the US. Since that time the profession has become regulated in eight provinces, and each provincial regulatory body has become a credentialing body. Therefore, it was not possible for the CSRT to have a unilateral agreement with the NBRC, unless the eight other credentialing bodies agreed. The CSRT administered a project to determine the extent of similarities and differences between the Canadian and American credentialing process. The study indicates that while the accreditation and exam processes are similar in Canada and the US, the competency profile has significant differences – in the US anesthesia and neonates respiratory care are considered specialty practice. In fact, anesthesia is performed by anesthesia nurses. As such, it was not possible to establish "reciprocity" since American RRTs do not meet the competency requirements by provincial regulatory bodies.

Since the Canadian RRT credential meets all the competency requirements in the United States, the CSRT strategy has been to have the Canadian RRT credential recognized by American state licensing bodies. The CSRT Executive Director and President have met with NBRC, AARC and state licensing authorities. The CSRT will continue to work with the individual state licensing bureaus of bodies.

#### f) Uniting the Profession Across all Jurisdictions

Working within the framework of the National Alliance of Regulatory Bodies, the CSRT plays an important role as it provides a national perspective for the profession and facilitates the development of national practice standards. The CSRT Executive Director, Christiane Ménard, serves on the Executive Committee of the NARTRB. She also administers projects funded by the federal government to facilitate the harmonization of registration requirements across Canada and the integration of internationally educated health professionals who want to work in Canada as respiratory therapists.



Susan Dunington (left) receives the Colya Kaminiarz Professional Achievement and Education Award



2012 Robert Merry Lecturer Pina Diana

## Supporting National Initiatives

### **a) Canadian Intensive Care Week**

The CSRT, as a partner in the Canadian Intensive Care Week, collaborated with a committee of healthcare professionals who work in intensive care, to promote The Canadian Intensive Care Week, which was held from October 29 to November 4, 2012.

## Advocating for the Profession

The CSRT continues to represent the professional on a variety of national task forces and projects to advance the profession.

### **a) Provincial Representation**

The CSRT makes efforts to attend as many provincial RT conferences as possible. In 2010 the CSRT has participated in the annual meetings of several provincial organizations, including the College and Association of Respiratory Therapists of Alberta (CARTA); the Ordre des inhalothérapeutes du Québec; the Respiratory; Therapy Society of Ontario; the Saskatchewan College of Respiratory Therapists; and the British Columbia Society of Respiratory Therapists.

### **b) National Representation**

The CSRT is a key stakeholder and participates regularly in meeting of several national stakeholders including: National Alliance of Respiratory Therapy Regulatory Bodies; Heal Action Lobby Group HEAL); Royal College of Physicians and Surgeons; Canadian Forum on Health Science Education; Lung Association; Canadian Anesthesiologists' Society; The Association of Community Colleges in Canada. In addition, the CSRT was invited to attend workshops organized by the federal government on the issues of health human resource planning and mobility agreements.

### **c) International Representation**

The CSRT participated in the 2011 International Respiratory Congress and the 2012 Annual Conference of the American Association of Respiratory Care. The CSRT met with the leadership of the National Board of Respiratory Care, the AARC and the IRC

### **d) Part-Time Professional Practice Director at CSRT**

In January of 2012, Christina Dolgowicz, RRT, CRT, FCSRT, was hired for a part-time position of the Professional Practice Director. In this role, Christina was responsible for activities that enhance professional practice, such as continuing education, professional development best practice statements and position statements. Christina is currently on maternity leave.

### **e) Strategic Planning Session**

In order to continue to meet the changing needs of respiratory therapists the CSRT will strategic planning session in May 2013. A professional facilitator will be hired for the one-day for the session. Discussions will focus on the future of the profession and how CSRT can achieve this vision.



## Strategic Direction 2

*The CSRT will provide the highest possible value and service to its members*

### Keeping Members Informed!

The CSRT provides a variety of methods for members to stay informed on Society activities. The CSRT provides access to relevant and current information that is essential to respiratory therapists and their continued education and professional development. Many of these initiatives can be used for professional development and continuing education credits.

#### **a) More Progress for National Professional Journal**

The Canadian Journal of Respiratory Therapy continues to evolve as an information-dissemination tool of peer-reviewed papers, case studies, book reviews and directed readings. The CJRT Editorial Board welcomed two new members. *Andrew West*, Assistant Professor and Head of the Department of Respiratory Therapy at the University of Manitoba, School of Medical Rehabilitation, Winnipeg, MB and *Kathy Spurr*, Assistant Professor, School of Health Sciences, Dalhousie University, Halifax, NS, have accepted positions on the board.

As the journal evolves – there has been a need to expand the board in order to help frame editorial decisions. Both Andrew and Kathy have been active participants as authors and peer-reviewers for the CJRT. Their research experience and contributions to the profession make them ideal candidates.

#### **b) CSRT Launches Facebook Page for Students**

The CSRT hopes to encourage even more participation by our student members through this new page created by students, for students. The objective is to unite all students in the 23 RT programs across the country. The CSRT encourages students to participate in riveting conversations, share stories and clinical anecdotes, make plans for travel, discuss current issues in respiratory therapy, stay up-to-date with CSRT-related news, help other students with questions and participate in the daily competition.

The Student Facebook Page can be found at: <http://www.facebook.com/studentRTs.etudiantsTR>.

#### **c) New RT Research Listserv Created**

To further engage RTs the CSRT invited interested RTs to join the new Canadian Respiratory Therapy Research Listserv! This new Listserv, was created to increase communication and collaboration among Canadian respiratory therapists interested in conducting research to strengthen the science and practice of the profession. This venue will be useful for sharing of ideas, works-in-progress, funding opportunities, new collaborations and partnerships, as well as for requesting and providing feedback on projects in the works.

#### **d) Constant Contact – A new Communication Tool**

An up-dated communication tool is now being used to reach out to members. The Constant Contact program has replaced the old eblast program and provides the opportunity to present a more sophisticated and professional layout for email communication with the membership.

#### d) New Journal Club Augments Webinars

In 2012, along with webinars available through the [www.respiratoryresource.ca](http://www.respiratoryresource.ca) section of the CSRT website—a series of complimentary Journal Clubs were offered to CSRT members. The Journal Club consists of a group of CSRT members reviewing together (online) a research article. All members who sign up will be asked to pre-read the article so the online chat and discussion will be done in a timely manner. This activity is sponsored in part by IKARIA. All presentations are available at [www.respiratoryresource.ca](http://www.respiratoryresource.ca).

## JOURNAL CLUB 2012

**April 13, 2012**

### **Risk Factors for the Development of Acute Lung Injury in Patients with Infectious Pneumonia**

*Review Article—“Risk Factors for the Development of Acute Lung Injury in Patients with Infectious Pneumonia”  
Marija Kojacic, Guangxi Li, Andrew C Hanson, Kun-Moo Lee, Lokendra Thakur, Jayanth Vedre, Adil Ahmed, Larry M Bad-dour, Jay H Ryu and Ognjen Gajic  
Critical Care March 2012*

Hosted by Tom Piraino

**May 28, 2012**

### **Both High Level Pressure Support Ventilation and Controlled Mechanical Ventilation Induce Diaphragm Dysfunction and Atrophy**

*Review Article —“Both high level pressure support ventilation and controlled mechanical ventilation induce diaphragm dysfunction and atrophy”*

*Hudson MB, Smuder AJ, Nelson WB, Bruells CS, Levine S, Powers SK.*

*Crit Care Med. 2012 Apr;40(4):1254-60. doi: 10.1097/CCM.0b013e31823c8cc9.*

Hosted by Tom Piraino

**July 23, 2012**

### **Reduction of Patient-Ventilator Asynchrony by Reducing Tidal Volume During Pressure-Support Ventilation**

*Review Article—“Reduction of patient-ventilator asynchrony by reducing tidal volume during pressure-support ventilation”*

*Arnaud W. Thille, Belen Cabello, Fabrice Galia, Aissam Lyazidi, Laurent Brochard*

*Intensive Care Med (2008) 34:1477-1486*

Hosted by Tom Piraino

**November 26, 2012**

### **ARDS: The Berlin Definition**

*Review Article—“Acute Respiratory Distress Syndrome—The Berlin Definition”*

*JAMA. 2012;307(23):2526-2533*

Hosted by Dr. Peter Papadakos

## WEBINARS 2012

**February 28 2012 - Ventilator Waveforms**

### **Learning Objectives:**

- To understand the different types of ventilator waveforms
- To understand the different types of ventilator loops
- To understand the benefits of waveform analysis
- To learn methods for adjusting ventilator settings based on wave form analysis

**August 15, 2012 - Noninvasive Positive Pressure Ventilation**

### **Part One: Devices for NIPPV**

#### **Learning Objectives**

- To learn of the various interface option for delivering NIPPV
- To understand leak compensation and its purpose
- To discuss the use of humidification with NIPPV

**December 17, 2012 - Noninvasive Positive Pressure Ventilation - Part Two: Patient Selection**

#### **Learning Objectives**

- To discuss criteria for NIPPV
- To discuss predictors of success or failure with NIPPV
- To review the evidence supporting the use of NIPPV



Airway Olympics  
Challenge 2012

## Membership Services

The CSRT continues to look for ways to provide meaningful services to respiratory therapists. The staff at head office is always receptive to suggestions for improvement.

### a) Open Access Offered to Respiratoryresource.ca

For six months, the respiratoryresource became open-access to non-members (except for forum posts and page subscriptions). RTs were encouraged to take full advantage of the Respiratoryresource Practice Forum (comment and receive emails when new messages are posted).

### b) Students and Graduate Receive CSRT Professional Liability Insurance Coverage

The CSRT negotiated coverage for students and new graduates under the CSRT PLI.

*Participation eligibility* – coverage can be extended to include:

1. Respiratory therapy students who are registered in an accredited education program, and who are members of the CSRT, are covered as long as they work under the direct supervision of a registered respiratory therapist who has purchased the CSRT professional liability insurance. There is no premium required.
2. New graduates in respiratory therapy (i.e. students who have graduated from an accredited program) who are eligible for a restricted license, a limited practice, or new graduate license or are Associate members of the CSRT; and who are eligible to write the national certification exam, for a period of one year after graduation. Premiums for these new graduates are the same as the premiums for registered members of the CSRT.

To serve the membership better, the CSRT has also negotiated better rates and enhanced coverage with PLMS Prolink Insurance.

### c) New Corporate Membership

CSRT introduced a corporate membership category which enables industry partners to be recognized by the CSRT membership and other stakeholders - as supporters of the CSRT and respiratory therapists nationwide. The CSRT developed a mutually beneficial membership package specifically for corporate members. To date this new category has 11 members.

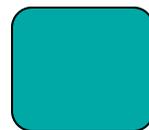
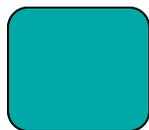


**j) Winner of the Education Conference Early Bird Draw**

To promote attendance at the annual conference, the CSRT offered a prize for early registration. The winner of the iPad2 was Manon St. Pierre of Montreal, who won the draw by registering for the conference before the Early Bird deadline of April 15th.

**k) Membership Renewal Draw**

In order to encourage members to renew or join the Society, a draw was held for an iPad2. Olsen Jarvis of Winnipeg, won for renewing his membership before the March 31st deadline.



# CSRT MEMBERSHIP GROWTH

## Membership Data as of December 31, 2012

	BC	AB	SK	MB	ON	QC	NB	NS	PE	NL	YT	NT	N U	USA	INTL	Total
Associate	8	9	2	1	16	2	1	0	1	0	0	0	0	5	9	54
Corporate	0	0	0	0	8	2	0	0	0	0	0	0	0	1	0	11
Honorary	4	1	0	0	1	0	2	0	0	0	0	0	0	0	0	8
Registered	420	499	126	98	1,129	82	122	50	11	134	2	2	2	9	37	2,723
Student	53	85	5	18	227	6	29	19	0	3	0	0	0	2	3	450
<b>Total</b>	<b>485</b>	<b>594</b>	<b>133</b>	<b>117</b>	<b>1,381</b>	<b>92</b>	<b>154</b>	<b>69</b>	<b>12</b>	<b>137</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>17</b>	<b>49</b>	<b>3,246</b>

## MEMBERSHIP GROWTH OVER 6 YEARS

2007–2012

	December 2007	December 2008	December 2009	December 2010	December 2011	December 2012
Associate	46	34	32	48	78	54
Corporate	12	7	6	—	—	11
Honorary	—	—	10	10	10	8
Registered	2,433	2,245	2,300	2,292	2,603	2,723
Student	77	126	196	202	357	450
<b>TOTAL</b>	<b>2,546</b>	<b>2,422</b>	<b>2,544</b>	<b>2,552</b>	<b>3,048</b>	<b>3,246</b>

## Strategic Direction 3

*The CSRT will support and promote the professional image of respiratory therapists*

### CSRT Fellowship Criteria Revised

The CSRT Fellowship criteria has been updated to ensure this professional designation is attributed to registered respiratory therapists who have demonstrated leadership and have made consistent contributions to the advancement of clinical practice, education and science in respiratory therapy.

### Complimentary Promotional Tools Help RTs Promote the Profession

Requests for complimentary promotional materials for Respiratory Therapy Week (October 21 to 27, 2012) continue to climb, with a record 196 members ordering complimentary items. Respiratory therapists sent activity reports and photos of their RT Week activities to be included in the November newsletter and on the CSRT website. Promotional items were made available free of charge to CSRT members. These valuable promotional materials included information for practicing RTs to help promote the profession – RRT pins, calendar posters and lanyards. As well, respiratory therapists had access to a large RT Week display banner and give-aways to the public – card-sized calendars and “What is an RT?” brochures.



Anna Svetlichny mans her suction station at Vancouver General display booth during RT Week



Fred Horne, Alberta Minister of Health takes part in a spirometry test during RT Week in Edmonton AB

## Recognizing Excellence in the Profession!

The CSRT recognizes and promotes excellence within the profession - highlighting student achievements, as well as underscoring the dedication and support of CSRT members and other individuals of the respiratory community who have helped promote the profession and the Society.

### 2012 CSRT Student Achievement Medals

The CSRT awards recognize CSRT student members with the highest mark on the CBRC examination. Awards were presented at the President's Banquet at the annual Education Conference in Vancouver BC.

**GOLD** - Alyssa Wack , Thompson Rivers University, BC

**SILVER** – Sarah Waters , Thompson Rivers University, BC

**BRONZE** – Paul Lindsey, The Michener Institute, ON

### 2012 CSRT / CAREstream Student Excellence Awards

Sponsored in conjunction with CAREstream Medical Ltd., these awards are presented to students who have successfully completed the certification exam and have made a substantial achievement as a student.



#### **Newfoundland**

College of the North Atlantic

*Kevin Mullins*

College of the North Atlantic Qatar

*Taysir Nouh*

#### **New Brunswick**

New Brunswick Community College

*Michelle Cyr*

Collège communautaire du

Nouveau-Brunswick

*Miranda Martin*

#### **Nova Scotia**

QEII/Dalhousie School of Health

Sciences

*Jessica H. D. Wentzell*

#### **Quebec**

Vanier Collège

*Amelia Vachon*

Le Collège de Rosemont

*Arnauld Oreste*

Le Cegep de Ste-Foy

*Monika Brown*

Le Cegep de Sherbrooke

*Dany Jean*

Collège Ellis

*Andrée-Anne Parent*

Cegep de Chicoutimi

*Sophie Paquin*

#### **Ontario**

Algonquin College of Applied Arts and  
Technology

*Adam Weinberger*

La Cite Collegiale-College d'arts

appliquees et de technologie

*Madeleine Bégin*

Canadore College of Applied Arts and  
Technology

*Kayla Melissa Noble*

Fanshawe College of Applied Arts and  
Technology

*Anna Ammerata*

Conestoga College Institute of

Technology and Advanced Learning

*Cailin Codling*

The Michener Institute for Applied Health  
Sciences

*Paul Lindsay*

#### **Manitoba**

University of Manitoba-School of Medical  
Rehabilitation

*Kayla Diane Jensen*

#### **Alberta**

Northern Alberta Institute of  
Technology

*Melissa Dela Cruz*

Southern Alberta Institute of  
Technology

*Laura Elyse Bird*

#### **British Columbia**

Thompson Rivers University

*Alyssa Wack*

## 2012 Colya Kaminiarz Professional Achievement and Education Award

Sponsored by Praxair Healthcare Services Inc.

Susan Dunington was the recipient of the 2012 award. Susan has actively supported and advanced her profession through her involvement in committees, task forces and workgroups locally, provincially, nationally and internationally. Susan works full time at the Michener Institute of Technology. In her spare time, she co-chairs the CSRT's Council on Accreditation, as well as participating in the CBRC exam committees, and many CACERT initiatives. (Picture on page 7)

## 2012 Robert Merry Lecturer

Sponsored by Roxon MediTech and Nonin

Pina Diana, the 2012 Robert Merry Lecturer, gave her keynote presentation at the Education Conference (*photo page 7*).

Shane McDonald, Winnipeg, MB was selected to present the 2013 Robert Merry Lecture at the CSRT Education Conference in Niagara Falls in 2013.



CSRT Gold Medal Winner, Alyssa Wack accepts her Student Achievement Award from CSRT President, Jim McCormick



Shane McDonald (left) was chosen as the 2013 Robert Merry Lecturer, show with Derrek Shaw (center) of Roxon MediTech and CSRT President Jim McCormick

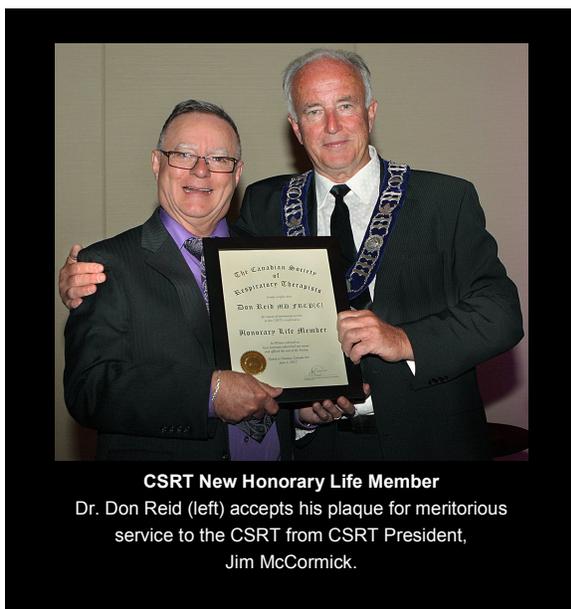
## 2012 President's Award

Sponsored by Trudell Medical Marketing Ltd.

The CSRT President, Jim McCormick, recognized *Carole Hamp* as the CSRT Presidents Award Winner, for her support and encouragement during his tenure as President of the Society.



Carole Hamp accepts her President's Award from Jerry Trewartha of Trudell Medical Marketing



### **CSRT New Honorary Life Member**

Dr. Don Reid (left) accepts his plaque for meritorious service to the CSRT from CSRT President, Jim McCormick.

## 48th CSRT Education Conference and Trade Show

The Vancouver conference was most successful with over 450 registrations. The President's banquet is completely sold out at 440. Two new half-day workshops were also added which were complimentary to fully-registered delegates. "Getting Published" and "Simulation Café" were both very well attended. To help attract new members, a promotion was set up for BC RT's. Those who had not been a CSRT member received a 50% discount on CSRT membership if they registered for the conference

### Draw Winners

The winner of the AGM draw for a Kindle reader was Kelly Coutts of Alberta. The winner of the Exhibitor Draw for transportation, accommodation and registration for the 2013 conference in Niagara Falls, ON, was Shea Retzlaff from British Columbia.

### CSRT Poster Presentation Winners



Each poster presenter at the CSRT Conference received a gift of a Nonin pulse oximeter compliments of Don Girouux, Nonin Medical (right) and Al Sperry (left) of CARE-stream Medical. Susan Haskel accepts her oximeter.

A record number of 26 posters were presented as well, making the judging that much more difficult. The winning RT poster was Julie Brown's titled "Comparing Clinical Training Models in Health Science Education". There was a tie for the winning student RT poster - Jill Peters for her poster "Impact of phrenic nerve stimulation or diaphragmatic pacing on quality of life in ventilator dependent patients with high spinal cord injuries" and Kevin Robson for his entitled "Improving Survival Outcomes in Lung Transplant Recipients through Early Detection of Bronchiolitis Obliterans: Daily Home Spirometry versus Standard Pulmonary Function Testing". Both are students at University of Manitoba School of Medical Rehabilitation. Dr. Peter Papadakos, CJRT Editorial Board member, provided \$500.00 for the best RT Student Poster Award.

### Airway Olympics Challenge Winners

Twelve teams competed for the ultimate prize - the Sputum Cup 2012! The CSRT provided a candy table that was very delicious and very well used. The attendance for the event was impressive, every seat was filled. The walls were opened up to the hallway to allow everyone to experience these Olympics. There were teams from all over Canada and even Qatar was represented. The returning champions were on hand and one returning regional champion - so the stakes were high.

Every team raced the clock with a time limit of 60 seconds. While no one broke the six-second record for the fastest intubation, there were some fast times of 9-10 seconds. In each round two teams with the longest times would be eliminated. Each round was a bit more challenging than the previous round beginning with a regular intubation followed by supine (you lay on your stomach), pediatric, mystery which this year meant that the intubators were blindfolded! The semi finals used the tough Icepick Method. The finals were determined with nothing but a tube and stylet - no other equipment other than the competitor's fingers.

In attendance for this year's event was none other than the inventor of the Glidescope, Dr. Jack Pacey. Dr. Pacey works in Vancouver so it was only appropriate that the inventor of this wonderful airway device, be one of the presenters of the Sputum Cup 2012.

### RT Research Walk/Run

Early birds were up and on the seawall Sunday morning for the third annual RT Research Walk/ Run. The event raised \$589.00 which will support respiratory therapists who do research.



Cael Field and Duane Wong of team "White Chocolate" take home the Sputum Cup as winners of the Airway Olympics with a time of 17 seconds.

The CSRT is grateful to its industry partners contribute generously to the success of this conference. Our conference sponsors provided generous educational grants.

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Exhibit Floor Conference 2012

## 2012 EXHIBITORS

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Exhibit Floor CSRT Conference 2012



Exhibit Floor Conference 2012

## Strategic Direction 4

*The CSRT will encourage professionalism in the practice of respiratory therapy and optimize practice requirements for RTs*

### CSRT Fellowship Designations 2012

The CSRT Fellowship designation (FCSRT) recognizes registered members who have made a significant and consistent contribution to the profession and demonstrated leadership as well as made consistent contributions to the advancement of clinical practice, education or science in respiratory therapy. CSRT Fellows will receive a certificate and a FCSRT pin. In 2012, the Board of Directors approved the Fellowship designation for the following 10 CSRT members.

Darcy Andres  
Michael A. Bachynsky  
Doug Ellingsen  
Faylene Funk  
Amanda Gibson

Concetta Martins  
Pamela McLachlan  
Rodney Rousseau  
Janice E. Seville  
Carolins Sierra



Alean Jackman receives a CSRT/IKARIA Scholarship at the CSRT Banquet



Pina Diana delivers the 2012 Robert Merry Lecture at the CSRT Education conference in Vancouver BC.

### **a) New Best Practice Statements**

The CSRT continues to supply new and revised statements for the information of respiratory therapists including new Best Practice Statements on “Continuous Remote Monitoring on General Wards Improving Patient Safety Through Early Recognition of Respiratory Events” and “Degree as Entry-to-Practice”. The CSRT position statement on Oxygen Bars was also revised.

### **b) Part-Time Professional Practice Director at CSRT**

In the spring, Christina Dolgowicz, RRT, CRT, FCSRT, was hired for a part-time position at the CSRT, in the position of the Professional Practice Director. In this role, Christina was responsible for activities that enhance professional practice, such as continuing education, professional development, best practice statements and position statements.

### **c) Strategic Planning Session**

In order to continue to meet the changing needs of respiratory therapists the CSRT will strategic planning session in May 2013. A professional facilitator will be hired for the one-day for the session. Discussions will focus on the future of the profession and how CSRT can achieve this vision.



# Auditors Report 2012



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## INDEPENDENT AUDITOR'S REPORT

To the Members of  
The Canadian Society of Respiratory Therapists

We have audited the accompanying financial statements of The Canadian Society of Respiratory Therapists, which comprise the statements of financial position as at December 31, 2012, December 31, 2011 and January 1, 2011, and the statements of operations, changes in net assets and cash flows for the years ended December 31, 2012 and December 31, 2011, 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, 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*

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we 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.

We believe that the audit evidence we have obtained in our audits is sufficient and appropriate to provide a basis for our audit opinion.

**Marcil Lavallée**  
Comptables agréés  
Chartered Accountants

Tél. / Tel. : **613 745-8387**  
Télec./Fax: 613 745-9584  
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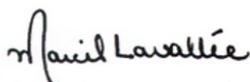
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# AUDITOR'S REPORT

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## Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of The Canadian Society of Respiratory Therapists as at December 31, 2012, December 31, 2011 and January 1, 2011, and the results of its operations and its cash flows for the years ended December 31, 2012 and December 31, 2011 in accordance with Canadian accounting standards for not-for-profit organizations.



Chartered Accountants, Licensed Public Accountants

Ottawa, Ontario  
April 15, 2013

## THE CANADIAN SOCIETY OF RESPIRATORY THERAPISTS

### STATEMENTS OF OPERATIONS

FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

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	2012	2011
<b>REVENUE</b>		
Membership dues	\$ 516,979	\$ 481,385
Annual Education Forum	390,827	351,208
CoARTE Accreditation	137,580	129,331
Services	82,701	58,954
Special projects - cost recovery	81,369	101,573
Publications and promotion	79,320	81,050
Investment	6,917	8,262
Unrealized gain (loss) on investments	(871)	5,065
	<b>1,294,822</b>	<b>1,216,828</b>
<b>EXPENSES</b>		
Salaries and benefits	509,569	434,916
Annual education forum	281,457	282,655
Telecommunications	89,670	90,569
Overhead and operations	81,864	91,318
Rent	63,923	61,421
Respiratory Therapy Society of Ontario Agreement	50,800	56,846
Board and special committee	45,037	60,472
CoARTE Accreditation	43,636	54,938
Publications, promotions and awards	39,578	37,444
Travel and facilities	14,650	20,004
Other	-	5,621
Professional fees	15,967	13,954
Bank charges and broker fees	50,592	46,931
Amortization of capital assets	4,260	4,897
Amortization of intangible asset	1,048	1,049
	<b>1,292,051</b>	<b>1,263,035</b>
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES</b>	<b>\$ 2,771</b>	<b>\$ (46,207)</b>

# AUDITOR'S REPORT

## THE CANADIAN SOCIETY OF RESPIRATORY THERAPISTS

### STATEMENTS OF CHANGES IN NET ASSETS

FOR THE YEARS ENDED DECEMBER 31, 2012 AND 2011

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	2012		2011	
BALANCE, BEGINNING OF YEAR	\$	106,415	\$	152,622
Excess (deficiency) of revenue over expenses		2,771		(46,207)
<b>BALANCE, END OF YEAR</b>	<b>\$</b>	<b>109,186</b>	<b>\$</b>	<b>106,415</b>

## THE CANADIAN SOCIETY OF RESPIRATORY THERAPISTS

### STATEMENTS OF FINANCIAL POSITION

DECEMBER 31, 2012 AND 2011 AND JANUARY 1, 2011

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	2012		2011		January 1, 2011
<b>ASSETS</b>					
<b>CURRENT ASSETS</b>					
Cash - operating	\$	56,413	\$	71,145	\$ -
Cash - special projects - cost recovery		-		4,452	61,947
Accounts receivable (Note 4)		58,789		55,527	46,172
Prepaid expenses		41,886		42,289	44,025
		<b>157,088</b>		<b>173,413</b>	<b>152,144</b>
<b>INVESTMENT IN BONDS</b> , 2.58% to 6.93%, maturing between December 1, 2014 and December 14, 2105		<b>155,441</b>		<b>131,487</b>	<b>167,649</b>
<b>CAPITAL ASSETS</b> (Note 5)		<b>6,686</b>		<b>2,345</b>	<b>7,242</b>
<b>INTANGIBLE ASSET</b> (Note 6)		<b>14,679</b>		<b>15,727</b>	<b>-</b>
		<b>176,806</b>		<b>149,559</b>	<b>174,891</b>
	<b>\$</b>	<b>333,894</b>	<b>\$</b>	<b>322,972</b>	<b>\$ 327,035</b>
<b>LIABILITIES</b>					
<b>CURRENT LIABILITIES</b>					
Bank indebtedness	\$	-	\$	-	\$ 6,721
Accounts payable and accrued liabilities		71,148		39,425	33,175
Due to Human Resources and Skills Development Canada		-		4,452	61,947
Deferred revenue (Note 8)		153,560		172,680	72,570
		<b>224,708</b>		<b>216,557</b>	<b>174,413</b>
<b>NET ASSETS</b>					
<b>UNRESTRICTED</b>		<b>109,186</b>		<b>106,415</b>	<b>152,622</b>
	<b>\$</b>	<b>333,894</b>	<b>\$</b>	<b>322,972</b>	<b>\$ 327,035</b>

Commitments (Note 11)

ON BEHALF OF THE BOARD

 Director

 Director

# Council on Accreditation of Respiratory Therapy Education Annual Report

## CoARTE Mission

*The mission of the Council on Accreditation of Respiratory Therapy Education is to promote the highest quality of respiratory therapy education through accreditation services .*

## Message from the Chair

Carolyn McCoy, RRT

As I complete my seventh year on CoARTE and my term as Chair, I would like to thank all of the Council members with whom I have had the pleasure to work. I would also like to thank all of the volunteer program reviewers for your time and dedication to the accreditation program. My time with CoARTE has given me the opportunity to work with educators, regulators, therapists, employers, and other dedicated individuals who have a passion for advancing respiratory therapy. For a small profession, there is a tremendous amount of energy and support for its continual improvement and growth.



I would like to highlight the contributions of Milena Cotinghi to CoARTE. Many of you will know Milena as the Accreditation Manager. She was initially hired four years ago to cover a one year leave. An unexpected early departure by her predecessor thrust her into her position with little-to-no orientation, but she quickly found her footing. She went on to manage the Council with dedication and expertise that was second to none. She worked hard to grow the volunteer roster, orient new Respiratory Therapy programs to the accreditation process and manage CoARTE through a period of growth. It has been a wonderful experience working with Milena, and I know I speak for the Council when I wish her the best of luck as she begins her career with the Canadian Medical Association.

I would be remiss if I did not recognize those “back home” who have supported my involvement with CoARTE. To my employer and colleagues, thank you for enabling me to take time away from work to attend meetings, workshops, site visits and conferences. To Ray Hubble, thank you for getting me involved in accreditation in the first place. Finally, to my husband, Ian, a huge thank you for keeping the home fires burning and doing double-parent duty without complaint every time I was away.

I would like to extend my best wishes to Susan Dunnington, the incoming Chair of CoARTE. Susan mentored me early in my career, and it has been a true pleasure getting to know her better over the past four years. She is a tireless volunteer who has worn many hats for the CSRT. Best wishes, Susan as you don yet another one!

In conclusion, I would like to express my gratitude and appreciation for the chance to serve as a volunteer on the Council. I would also like to encourage you to become involved in the accreditation process. As an educator, I have seen best practices from programs across the country. As a respiratory therapist, I have gained a greater appreciation for the various scopes of practice that exist in Canada and abroad. In an era of dwindling professional development budgets, involvement in professional committees, such as CoARTE, provides unique and valuable continuing educational opportunities.

## Purpose of the Annual Report

The Annual Report is a progress report of the activities and achievements of the Council on Accreditation for Respiratory Therapy Education (CoARTE). The information provided in this report is of great interest to the stakeholders involved in the education process, including educators, administrators of respiratory therapy education programs, the certification agency and the regulatory bodies who set entry-to-practice requirements.

The accreditation activities outlined in this report are made possible thanks to the work of the seven volunteers who form the Council on Accreditation of Respiratory Therapy Education. They dedicate countless hours each year to the review of self-study, annual and progress reports submitted by each education program, and to the implementation and continuous improvement of the accreditation processes.

In addition, for each program accreditation visit, there are 4 to 5 volunteers who participate in the accreditation team. Each accreditation team includes a combination of RTs - clinical and/or didactic educators -, physicians, and education program administrators. In recognition of their contribution to the profession, in 2012 the reviewers were offered complimentary registration to the CSRT conference in Vancouver.

This annual report is therefore dedicated to all these individuals who work to ensure that respiratory therapy programs in Canada meet the requirements of the licensing bodies and the standards for a higher education.

## 2012 Council of Accreditation of Respiratory Therapy

### **Chair**

*Clinical Educator Representative*

**Carolyn McCoy**, BHS, RRT, FCSRT, Instructor, RT Program, New Brunswick Community College, Saint John, NB

### **Vice-Chair**

*Didactic Educator Representative*

**Susan Dunington**, MA, RRT, FCSRT, Professor – Respiratory Therapy and Anesthesia Assistants, The Michener Institute for Applied Health Sciences, Toronto, ON

### **Employer Representative**

**Christina Sperling**, RRT, BKin, Clinical Manager, Respiratory Therapy, The Hospital for Sick Children, Toronto, ON

### **Physician Representative**

**Sharon Peters**, MD, MPH, FRCPC, Professor of Medicine and Vice Dean, Faculty of Medicine, Memorial University of Newfoundland, St. John's, NL

### **Senior Educational Administrator Representative**

**Michael Sendbuehler**, MA, Dean of Careers and Technical Programs, Vanier College, Montreal, QC (Until November 2012) replaced in December by **Nicole Boudreau**, RRT, B. Ed., Sectorial Advisor - health and social services programs, CCNB, Moncton, NB

### **National Alliance of Regulatory Bodies Representative**

**Kevin Taylor**, RRT, MBA, Registrar & CEO, College of Respiratory Therapists of Ontario (CRTO)

### **Public Representative**

**Peter Murray**, B.Ed., Edmonton, AB

### **Canadian Society of Respiratory Therapists**

**Christiane Ménard**, Executive Director of CSRT, Ottawa, ON – (non-voting)

*CoARTE thanks Michael Sendbuehler for his very valuable contribution to the accreditation process, and wishes him luck in his future endeavours. His position on CoARTE will be filled by Nicole Boudreau, an experienced bilingual program reviewer, currently sectorial advisor at the francophone community college in New Brunswick and with a background in respiratory therapy, educated in Quebec.*

## Accreditation Visits

In 2012, CoARTE completed three site visits – La Cité collégiale - Collège d'arts appliqués et de technologie (Ontario), Algonquin College of Applied Arts and Technology (Ontario), and Le Cégep de l'Outaouais (Quebec). An accreditation visit is a complex and taxing process, which begins long before the visit and does not end on the day of the preliminary report. The visit itself is very intense and needs all the attention and close collaboration of the team members. The CSRT and CoARTE are grateful for the commitment of accreditation program team members who participated in 2012:

- Nicole Boudreau, Carolyn McCoy, Michael Sendbuehler, (Michèle Tremblay) – La Cité collégiale;
- Debbie Cain, Mark Murray, Sydney Redpath, Sandra Annett – Algonquin College of Applied Arts and Technology;
- Dianne Levesque, Maryse Audet, Patricia McClurg, Jackie Bernard – Cégep de L'Outaouais.

## Implementing Recommendations from the Accreditation Review

CoARTE has continued to revise the accreditation process, taking into consideration the report received in November 2009 from the consultants who completed a comprehensive review. The changes resulting from the recommendations continue to be gradually implemented.

In 2012 the first self-study submission using the revised templates was received. The visit will take place in April 2013. In an effort to provide a more formalized orientation for program reviewers and members of CoARTE, registrations for the online course provided by the Association of Accrediting Agencies of Canada (AAAC) were distributed among the council members and program reviewers. This measure will be assessed for effectiveness next year.

CoARTE is working to assess the schools' difficulties in teaching all the competencies in the 2011 National Competency Profile at the required level, and identify the reason - e.g. limited resources (i.e. access to clinical sites, clinical simulation, etc.), limitations in the provincial scope of practice (e.g. ABGs, neonatal transport, etc.), time conflicts (the hours of teaching are used to comply with the provincial profile).

## Accreditation Workshop

An accreditation workshop was held at the CSRT Annual Education Conference, in English. It had an attendance of about 35 educators and was well-received. The process was described in detail, and the self-study and annual report templates were explained.

## Operational Changes

A multi-year contract replaced the annual contract for accreditation services between CSRT and the schools, in order to streamline the operations. Also, the financial year was changed for the accreditation fees, from January – December to September – August, in an effort to align the accreditation renewal to the school year. As the fee is based on the number of students reported by an education program in their annual report, having an invoice year that is aligned with the academic year and is based on the data gathered in the annual report in April makes more sense operationally.

## Looking Ahead

Objectives: new drafts for the accreditation handbook and orientation handbook were developed, pending approval. In the long term, CoARTE will continue the efforts to employ the use of electronic communication, replacing hardcopies of various documents. The recruitment of program reviewers continues; the participation of at least one representative from each Canadian education program is strongly encouraged.

▪ **Governance Review:** at its 2012 annual meeting, the Council reviewed its current structure and needs. As this is a working committee, the increase in the number of schools should be reflected in an increased number of members on CoARTE. New Terms of Reference are in the approval stages – to facilitate the work of the council in the changing environment (more visits, more annual and progress reports, the NCP gaining in relevance for the educational programs and for the accreditation process, a growing interest in inter-professional education etc.)

### **Accreditation visits in 2013**

University of Manitoba (April);

Canadore College of Applied Arts and Technology (October);

Fanshawe College of applied Arts and Technology (November);

The Michener Institute of Applied Health Sciences (December).



Students from The Michener Institute