



**CAMATA / ACMATA ANNUAL GENERAL MEETING  
SEPTEMBER 18, 2019 – 1900 Central Daylight Time  
Held in Canad Inns Polo Park in Winnipeg & by Teleconference**

**PRESENT:**

Cheryl Thiessen; Karen Hamilton, Penny Triggs, Rick Sellwood, Catherine Gall, Kobus du Preez, Kathy Sproxton (telecon); Josiane Arsenault (telecon).

**Call to Order** – 1900 CDT

**Chaired by** Cheryl Thiessen (President)

**Minutes by** Penny Triggs (Education Chairperson)

Introduction of members present in Winnipeg

**OLD BUSINESS**

1) Approval of the Minutes of the AGM 2018. Moved by Catherine Gall; Seconded by Karen Hamilton; All in favor.

2) CAMATA Reports:

a) President's Report (Cheryl Thiessen) See Appendix A

b) Treasurer's Report (Karen Hamilton) – See Appendix B

c) Membership Report (Ryan Soucy) – unavailable.

There are 235 active members, effective August 31<sup>st</sup>, 2019. Nine members renewed their memberships, while the remainder joined through completion of the CAMATA Level I program.

d) Education Committee Report (Penny Triggs) – Appendix C

## **NEW BUSINESS**

### 1) Election of Officers – Treasurer

One nomination was received for Treasurer – Karen Hamilton. A vote was taken and unanimous assent was obtained for Karen H. to remain treasurer.

### 2) By Law Revisions

Given our membership of 235, our quorum is 11.75 members. We do not have a quorum for our AGM. As a result, the President will prepare the proposed By Law revisions for distribution to the membership and voting on line / by email / by paper ballot will be organized.

Bylaw changes proposed include:

- a) Revision of Treasurer's and Secretary's responsibilities. Years ago, the responsibility for membership data base was assigned to the secretary. The change to the job responsibilities was done at that time but was never submitted to Corporations for federal approval. This will correct that error.
- b) Change in the timeline for having an AGM, as it is quite restrictive at this time. CAMATA requires an AGM with some flexibility for when the dates can be set.
- c) Change in charity to receive funds if CAMATA is dissolved.

Another change proposed includes how the CAMATA funds would be disposed of if the organization is dissolved. Currently, the funds are to go to a charity (The Lung Association). Discussion regarding whether there might be a more air medically appropriate charity were undertaken. The group agreed and it was determined that the funds should be donated to neonatal / pediatric transport teams in Canada, and divided up according to the membership in CAMATA. (i.e. if 25% of the members are from Saskatchewan, 10% from Manitoba, 15% from Quebec etc. the funds would be distributed based on that information.

Another discussion regarding inclusion of the Education Chairperson in the Executive of CAMATA. Education Chairperson is in charge of the Education Committee that reports to the executive. Decision was to look at this at the next AGM and make a decision regarding pros and cons of this step.

### 3) CAMATA Website / Presence

Discussion regarding how CAMATA can promote the organization and stimulate input / participation in CAMATA. From members in attendance, this is a common problem in many organizations. Ideas such as competitions for submission of pictures, articles, case studies etc. discussed.

- a) Penny will devise a strategy for trying to get participation from members, through a communique with members regarding the need for pictures, articles, case studies etc. and that there will be prizes for the participation (such as Inuksuks, memberships, etc.)
- b) Finding our potential members requires a nationwide search for gov't officials that are responsible for air med operations across Canada, and keeping a "what is happening in Canada" area on the website that provides a province / territory by province / territory review of air med operations in the country. This would provide some primary information about what is available in Canada, and give a starting point to identify all the air medical providers in the country. Suggest that an RFP be developed to get someone who will do the leg work, get the information for the website and identify key contacts across the country including: air ambulances, specialty transport teams and repatriation services.
- c) Discussion was undertaken about participating in promotional activities such as attending key conferences, giving presentations and exhibiting in the Exhibition Halls. There is currently no formal exhibit materials. All agreed that identifying key conferences for MD, RN, RRT & Paramedic for participation is a place to start after booth set up developed. Attendance at CACCN was successful last year with great feedback on the talk, and distribution of brochures. Would reach more if we had a booth. It is costly to get a booth. It was \$2300 for a booth at PACE but got half price for non-profit. Some conferences had given a free booth in the past. Suggest another RFP to get a marketing strategy and to develop an exhibit display for booths in the exhibit hall. Suggested that we put a budget of \$15,000 aside for conferences and re-assess after a year to see if it has been a successful strategy. (moved by Karen H / seconded by Cheryl – all in favor)

- d) RFP's – how to advertise RFP's – could try MERX, put on website, send out email? Cheryl & Penny to meet re: RFP's.
  
- e) PR Committee – Ideally CAMATA would benefit from a committee to improve the content on the website, increase association with air medical programs across Canada and increase participation in the organization. Getting the broad information from across Canada, and developing a marketing strategy including a CAMATA exhibit will be important as a precursor to getting a PR chair and PR committee. But this is something we need to aim for. This is a volunteer position which would not be on the executive but report to the executive.

Meeting adjourned at 2025.

## **APPENDIX A – President’s Report**

CAMATA / ACMATA continues to represent the aerospace medicine and aeromedical community in Canada. With our updated website we have been able to streamline our membership renewal process, providing a better platform for maintaining membership information. We continue to work on promoting CAMATA with an up-dated brochure and successful participants receive a CAMATA pin with their course certificate. CAMATA membership has grown with 210 new members joining in 2018. Our main source of new membership continues to be participants in the Air Medical Training Program.

CAMATA continues to focus on the delivery of quality education for our members. Our revised Air Medical Training Program (Level 1) has been well received and continues to be a popular program.

In 2018, our CAMATA Educational Instructor network taught 20 Air Medical Training Courses across the country, including in Alberta, Saskatchewan, Manitoba, Quebec, Nova Scotia, and Newfoundland, as well as in Trinidad. It has been incorporated into the Southern Institute of Technology paramedic training in Alberta. In total, 210 participants completed the program including RN’s, RRT’s, Paramedics and physicians. In addition, a few pilots and flight coordinators audited the program, to improve their understanding of air medical transport. In addition to provider programs, two new instructors in the CAMATA Air Medical Program were trained in 2018.

To date in 2019, there have been several courses run throughout Canada, including in the Yukon, Saskatchewan, Manitoba, Quebec, and Newfoundland. More courses are expected as the year progresses.

In 2018, the CAMATA Education Committee undertook the development of a Renewal Program for our Air Medical Training Program. This Renewal Course can be taken by people who have completed the Air Medical Training Program within the last six years and need a refresher. The organization investigated the possibility of putting the Renewal Program “on line” using a Learning Management System, but at this time it has been determined by the Executive to be too expensive. As a

result, the program has been developed as a one day review of the key information needed to provide air medical services.

The CAMATA Education Committee is in the process of identifying our next educational project. Once this group of committed volunteers have decided, they will work on the project under the leadership of our Education Chairperson.

CAMATA sponsored two members to attend and deliver a talk on Critical Care in Air Medical Transport at the Canadian Association of Critical Care Nurses' Conference in Calgary, Alberta in September 2018. The presentation garnered substantial interest and positive reviews.

CAMATA is working on plans to promote membership involvement in the organization, including increasing input into the website content and promotion of interaction and networking within the organization and with other like-minded special interest groups.

Our focus for the future will continue to be improvement of communications with the members of our aerospace medicine and aeromedical community and to promote education and ultimately quality of service in air medical operations in Canada.

Cheryl Thiessen  
CAMATA President  
September 2019

## Appendix B – Treasurer’s Report by Karen Hamilton September 18, 2019

CAMATA remains in a good financial position. Our main income stream continues to be the Level 1 course. Interest is good and the French translation of the course has added to this.

Current BMO balance (as of September 17, 2019) is \$78,772.43. The current PayPal balance (as of September 17, 2019) is \$1,286.68. This brings our current total to \$80,059.11.

Currently, there are no outstanding expenses.

The following table shows our income stream and expenses for June 1, 2018 to December 31, 2018 and also January 1, 2019 to August 31, 2019. (Since last AGM)

<b>INCOME</b>	<b>June 1, 2018 to December 31, 2018</b>	<b>January 1, 2019 to August 31, 2019</b>
Level 1	\$14,425.00	\$15,530.00
Membership Renewal	\$567.48	\$565.29
SAIT	\$770.00	\$1760.00
Reissue certificates	\$9.41	\$9.41
<b>TOTAL INCOME</b>	<b>\$15,771.89</b>	<b>\$17,864.70</b>

<b>EXPENSES</b>	<b>June 1, 2018 to December 31, 2018</b>	<b>January 1, 2019 to August 31, 2019</b>
Office Supplies	\$543.93	\$1037.19
Post Office Box		\$278.25
Teleconferencing	\$73.34	\$63.70
AGM meeting	\$300.67	
Postage & shipping	\$705.15	\$332.65
Printing	\$1527.76	\$3014.33
Legal (coparate fee & income tax)	\$220.00	
IT Expenses	\$594.67	
Miscellaneous		
French translation	\$7942.94	
CACCN conference	\$3686.88	
PACE conference		\$1299.50
Membership refund	\$130.00	
Pins	\$3523.88	
Vista Print	\$32.95	
<b>TOTAL EXPENSES</b>	\$19,282.17	\$6025.62
<b>PROFIT</b>	<b>\$3510.28</b>	\$11839.08
<b>BALANCE SINCE LAST AGM</b>	<b>\$8,328.80</b>	

Goals for 2018 were to increase CAMATA's online presence. We did purchase subscriptions through GO DADDY. SSL and Word Press are good until 2022. The Email subscription expires January 31, 2020.

Expenses budgeted for 2018 were:

- CACCN – which was paid
- Honorarium for development of Renewal course – not paid

Proposed Budget for 2019/2020:

- Teleconferencing - \$400.00
- Post office Box - \$285.00
- Shipping - \$1200.00
- Office Supplies - \$1000.00
- Legal - \$300.00
- Printing - \$2000.00
- Honorarium for renewal course - ??????
- PR - ???????

Projected expenses of \$10,000 and projected income of \$15,000.

## **Appendix C – Education Committee Report (Penny Triggs) September 2019**

Since June 2018, there have been 22 CAMATA Courses held (in Trinidad and across Canada) with 260 successful participants. Courses were held in Manitoba (9), Saskatchewan (1), Quebec (6), Nova Scotia (1), Newfoundland (2), SAIT in Calgary (1), Yukon (1) and Trinidad (1). There are several courses planned for the fall in Quebec, Manitoba, and Saskatchewan to date.

We have completed the training of two new instructors: one in Alberta, one in Newfoundland. All have completed the initial training and the co-teach with a senior instructor.

The CAMATA Air Medical Training Program Level I AV materials, forms, exam etc. were translated into French in 2016. However, the textbook remained in English only. The need to translate the text was clear and a translator was hired in early 2019 to do the translation. The French language textbook was completed and printed. Those books were quickly used and a revision was undertaken by the French language instructors, and additional texts were printed. (Thank you to our French Language Quebec instructors for their help)

The Education Committee completed development of the renewal program, including development of the content and format for a renewal course in September 2018. This program has not yet been provided. The Education Committee is in the process of working on another project after consideration of a variety of options. The group is working on completion of an air medical training program for flight coordinators and pilots, which should be finished by the fall 2020.

Discussion by the Education committee about development of the Level II program took place. All agreed that we need to get input from members regarding content and format for the program. A survey was sent to members in May 2019, and results from the survey are as follows:

Surveys were sent to 185 people, 50 were returned. (27% response) The responses are summarized below:

1) Association with Air Medical Program:

- No Association – 25%
- General Transport Program (all ages / all types of patients; 6% repatriation services) – 50%
- Specialty Team (i.e. neonatal / pediatric high risk team; adult critical care team, high risk OBS team) – 13%
- Military Transport – 6%
- Urban based Helicopter Service – 6%

2) Completion of the CAMATA Air Medical Transport Training Program

- Yes – 98%
- 2016-2019 – 85%

3) Support of courses like CAMATA Air Medical Transport Training Program by employers

83% had support form employers (including financial)

4) Should the CAMATA Air Medical Transport Training Program Level II program be in person or on line?

- In person only – 12%
- On line only – 12%
- In person but an option for on line 51%
- Combination of on line and in person (i.e. prep on line – hands on in person like NRP) 25%

5) Should a textbook be developed for the CAMATA Air Medical Transport Training Program Level II

- Develop textbook for the Level II program – 65%
- Use existing CAMATA Textbook – 17%
- Find another existing textbook to use – 16%
- No textbook needed – 2%

6) Topics to be included were:

- Transport of the Patient on Mechanical Ventilator 89%  
(one comment – Must have RRT prepare the content)
- Transport of the Patient with Invasive Monitoring 77%
- Transport of the critically ill patient with multiple organ failure 78%
- Transport of the patient with multiple trauma 81%
- Transport of the critically ill newborn 72%
- Transport of the critically ill infant or child 81%
- Transport of the High Risk OBS Patient 72%
- Mass Casualty Response 55%
- Long Distance Repatriation (including international) 47%
- High Risk Scene Responses 51%
- Crew Resource Management for Air Med Team 60%
- Safety Considerations 51%

7) How should knowledge transfer be assessed?

- Review content at the end of each section - 51%
- Written final exam – 23%
- Test at the end of each section – 23%
- No need for knowledge transfer assessment – 3%

Plans for the Education Committee –

1) complete the training program for pilots and flight coordinators.

2) Gather people interested in working on Level II – must be:

- a. Involved in Air Medical Transport within the last two years

- b. MD, RN, ACP or CCP, or RRT
  - c. Must have completed the CAMATA Air Medical Training Program Level I within the last 10 years. (or instructor in CAMATA Air Medical Transport Training Program Level I)
  - d. Willing to commit time to work on the program
- 3) Identify Project Manager who will manage the development of Level II including:
- a. Timelines
  - b. Objectives
  - c. Process
  - d. Evaluation
  - e. Financial planning
  - f. Reporting to Executive
  - g. Manage the project to completion.