TAC | Trauma Association of Canada
Association Canadienne de Traumatologie

ANNUAL GENERAL MEETING MINUTES
Thursday February 28, 2019 1225-1325 Mountain Time
Westin Calgary-Britannia Room, Calgary, Alberta

Item #	Item	Speaking to Item
1.0	**Call to Order & Welcome By Chair** The meeting was called to order at 1225 by Dr Tremblay. She welcomed all TAC Members and Affiliates and everyone who wished to stay who was not a member but reminded them that they are ineligibe to vote on any motions.	Dr Lorraine Tremblay
1.1	**Introductions** • **Board of Directors-**the Board of Directors introduced themselves identifying where they lived, their occupation & the portfolio they representd. The Board is: Dr Lorraine Tremblay (President) , Dr Natalie Yanchar (Past-President) and Directors Dr Kelly Vogt, Dr Alun Ackery, Dr Tarek Razek, Sherry MacGillivray, Amanda McFaralan, Lt Co Andrew Beckett, Dr Neil Parry, Dr Neil Merritt, Dr Jagadish Rao, Catherine Jones (in abstentia) • **Executive Director-**Kate Mahon In addition the following people were introduced: • **Dr Ernest "Gene" Moore-**Editor of Journal of Trauma and Acute Care Surgery • **Colonel Peter Clifford-**Deputy Surgeon General, Canadian Forces Health Services Group • **TRISC President-** Allison Chisholm from Saint John, New Brunswick • **ITNC President-**Theresa Pasquotti from Lethbridge, Alberta • **Injury Prevention & Advocacy-**Jane Edwards (on MLOA) being represented by Dr Neil Merritt. • **TAC Performance Improvement Committee-** Amanda McFarlan • **Global Issues & Disaster Preparedness-** Dr Tarek Razek • **Research Committee-** Dr Andrew Beckett • **ATLS National Coordinator-** Sonshire Figueira • **Pediatric Committee-** Dr Karen Bailey and Cathy Falconer • **Geriatric Committee-**Theresa Pasquotti • **Provincial/Regional Trauma Directors Committee-**Dr Julien Clement	Dr Lorraine Tremblay
1.2	**Rules of Order for Meeting (Robert's Rules)** Dr Tremblay explained that Robert's Rules of Order will be followed to conduct the business of the meeting. If there is a vote to be called she will be calling upon an eligibe member to make a motion and another member to second the motion after which there will be a vote by show of hands.	Dr Lorraine Tremblay
1.3	**Confirmation of Proper Notice and Sufficient Quorum** The assembly was informed that notice of this Annual General Meeting was posted with proper notice to all TAC Members and Affiliates thirty (30) days prior to this meeting. The ability to submit Proxy votes was offered. No proxy votes were received. The Assembly was also informed that there were enough TAC voting members present to confirm a quorum for this meeting according to General Operating Bylaw No. 1.	Amanda McFarlan
2.0	**Unfinished Business**	
2.1	**Minutes of AGM of February 22, 2018 (accessible on conference website)-** these minutes have been available on TAC website or you can contact the TAC office for a copy if you wish. There were no corrections or objections so the minutes were approved without objection as circulated.	Dr Lorraine Tremblay
3.0	**Reports of the Board of Directors**	

3.1	**Nominations Report** • **Electronic Voting Method-** this is the second year we have used an on-line voting platform called "Simply Voting" which enables all eligible voting members to cast a vote for the candidate of their choice. I am very pleased to say that we had a 50% return rate on the 205 eligible voting members (up from 32% last year). We will continue to use this method every year now as it enables everyone to vote and not just those who are able to attend the AGM each year. • **Results of Election for 1 Director vacancy-** There was one vacancy for the position of Director this year and 3 nominations received. I am pleased to inform the Assembly gathered here that Dr Julien Clement from Quebec City was selected. I would ask Julien to stand now to be recognized. Julien will assume the position of Director at the conclusion of the AGM today. I would like to thank Mr Ian Watson from New Brunswick and Dr Suzanne Beno from Toronto for putting their names forward. We hope they will consider this again another year.	Dr Natalie Yanchar
3.2	**Financial Report** • **Operating & Conference Budgets**-the Treasurer's Report was given by Kate Mahon on behalf of Catherine Jones, Treasurer, who was not present. She explained there are two separate budgets managed & monitored by the Board of Directors. One is the Operating Budget which pays for the daily operating expenses of the Association including the costs associated with running the TAC office in Halifax as outlined in the Auditors report and the contract with the Executive Director (as the one paid person). It requires approximately $115,000 in operating expenses to run the business of the Association. Membership dues provide approximately $35,000 so the Association is dependent on other non-dues revenue which is mostly the profit from the Conference each year. The second budget is the annual Conference budget which is held in a different city across Canada each year and this budget flucuates from year to year depending on the costs associated with the venue where it is held. The aim is for the conference to make a profit of $80,000 each year (which we have never achieved yet) as this is then transferred into the Operating Budget to run the Association. Although some may say that "any profit from the conference is good" it was pointed out from these financial statements that TAC would not exist if we were not able to achieve a significant profit from the annual conference. • **Audited Financial Statement for year ending Dec 31, 2018-** the Auditors, formerly called Collins Barrow are now called Baker-Tilley of Dartmouth Nova Scotia. The Assembly was shown the Auditors annual audit report highlighting some of the key sources of revenue and expenses comparing one year to the previous year. At year end the Auditors reported a balance of $49,737 which is not generous. There was a balance of $79,000 in bank at Dec 31 as cash available. The auditors met with the Board this week to review this report in detail. They had no expressed concerns or recommendations of note. • **Appointment of Auditors for Jan 1-Dec 31, 2019 –** Dr Tremblay called upon Sherry MacGillivray to make a motion to approve the Auditors for the current fiscal year of January 1- December 31, 2019. **Motion: (Sherry MacGillivray)-** "I move to appoint Baker-Tilley of Dartmouth, Nova Scotia to be the Auditors for the Trauma Association of Canada for the fiscal year January 1- December 31, 2019." **Seconder: Dr Razek** **In Favour: All** **Abstaining: None** ***The motion is carried***	Kate Mahon for Catherine Jones
3.3	**Scientific Program Report for 2018-** We received a total of 113 Abstracts submitted for consideration. Of these, 76 were from Canada, 16 were from the USA, and 21 International. There were 9 ITNC abstracts and these were separately assessed for suitability by Ms. Theresa Pasquotti (ITNC President) and final judging was also managed by her. There were 6 TRISC abstracts and these were separately assessed for suitability by Ms. Deanna Fong (TRISC President) and final judging was managed by her. There were 9 Injury Prevention abstracts and these were separately judged as delegated by the Injury Prevention Subcommittee. After review, and	Dr Paul Engels

	after receiving confirmation from the presenters, the final scientific program included 49 oral presentations and 38 posters. At the Meeting the presentations by trainees were judged and awards given as follows: • 1st Place Trainee Oral Presentation ($1250): Dr. Samuel Jessula (Dalhousie University) "Practice make perfect: Review of in-situ simulations at a tertiary trauma centre" • 2nd Place Trainee Oral Presentation ($1000): Dr. Emily Koeck (Cook Country Hospital, Chicago) "Base deficit does not predict mortality in penetrating trauma patients who receive massive transfusion protocol." • 1st Place Trainee Poster Presentation ($500): Dr. Peter Gill (Hospital for Sick Children, Toronto) "All-terrain vehicle serious injuries and death in children and youth: A national survey of Canadian Paediatricians" • 2nd Place Trainee Poster Presentation ($250): o Dr. Zeeshan Rana (University of British Columbia) "Our patients are breathing better—the implementation of a pneumonia diagnostic tool in trauma patients The TRISC, ITNC, and Injury Prevention awards were awarded by their respective organizations. The Abstract Submission Deadline for the 2019 Annual Scientific Meeting and Conference being held in Calgary (Feb28-Mar1, 2019) has been set as midnight (Eastern Time) on November 1st, 2018. A full report with recommendations was submitted to the Board last Spring. These recommendations will be will be implemented this year. For 2019 we have 44 orals plus 45 posters this year.	
3.4	**Report from the Editor of the Journal of Trauma and Acute Care Surgery** Dr Moore expressed his pleasure in being present once again representing the Journal of Trauma & Acute Care Surgery (herein called the "journal"). TAC is a formal affilate association with the journal. We have decentralized our editorial office in Denver. He outlined the benefits and ramifications of submitting an article for consideration for publication. He has been the Editor-in-Chief for the past 7 yrs. The mission of the journal is to present the scientific evidence for the care of the injured patient. His vision is to advance the academic credibility of trauma and acute care research. Social media has now been active for 18 months. The Editorial Manager is attempting to attend as many meetings of the Affilate Associations but she was unanble to attend this one so Dr Moore was in attendance as her representative. Submission rate has increased and impact factor has gone up significantly. There have been 2 supplements (military and pre-hospital content research). 40% of submissions are from outside of North America. He reviewed the the specific metrics of turn around times from time of submission to acceptance and other metrics of interest. Rejection rate in peer review is 17%. His full report is available from the TAC office. He provided an outline specific to the Trauma Association of Canada. He would like to have the Presidental lecture and special lectures published. He encouraged all those here who have presented here at the TAC conference to submit an article for consideration as he would like to see more published from TAC. He thanked the Board and Assembly for their time to provide his report and invited questions or comments. There were none. Dr Tremblay thanked Dr Moore for his continuing leadership for the Journal of Trauma & Acute Care Surgery and his ongoing strong support of TAC. The report was accepted without objection	Dr Gene Moore
3.5	**Other Reports** **TACPIC-** goal is to build coalitions across Canada. 49 people at meeting yesterday; very diverse interdisciplinary group. We have been looking at sharing PI projects across sites so no one has to reinvent the wheel at your own site; how we might best do risk adjusted benchmarking across country and what that looks like for the site that might look in the context of the sites participaing with the American College of Surgeons Trauma QIP . We have agreement from sites currently participating in TQIP to share and identify data to get a sense of what is happening with sites not participating in TQIP at present. She encouraged people who are interested in learning more about the information being shared or data being looked at, to contact he. She asked people to think about how we might look at a National Injury Surveillance reporting system whether for a large set of data or for a smaller subset. **Announcement of Lerners Research Grant-** Lerners Lawyers who sponsored the Raccoons Den competiton at TAC last year; they are situated in Toronto and other parts of Ontario. They have agreed	Amanda McFarlan Amanda McFarlan &

	to a commitment of $5000 per year for the next 5 years to sponsor a Research competition in the form of an annual grant. This will be an on-line competition. Dr Ackery asked anyone who might have some ideas on how this competition might run to provide their input on format they might have seen elsewhere that would be fun and innovative and provide some financial support for interdisciplinary research to improve trauma care. The first grant will be awarded at TAC in Halifax next year. The announcement on the submission process and format is being developed so stay tuned for that information.	Dr Alun Ackery
	Social Media-we are looking to improve our communication with our members and to keep you engaged throughout the year. We have some volunteeers now helping us with the Twitter and Instagram postings. SWe encourage you to to follow us on Twitter and Instagram. We only survive from everyone being involved.	Dr Ackery
	ITNC- Fabulous pre-conference day yesterday. ITNC is the non-physician side of TAC. We had several significant talks including one from a trauma survivor that was humbling. She encouraged anyone who is interested in joining ITNC (no additional cost) to contact her or Theresa Pasquotti who is the President.	Sherry MacGillivray
	Pediatrics- The Pediatric Committee, chaired by Dr Karen Bailey and Cathy Falconer will hold its meeting tomorrow. She reminded people to visit the CHIRPP booth where there 12 gift cards to be given away and where you can learn more about the Canadian Hospitals Injury Reporting & Prevention Program which is an injury and poisoning surveillance system that collects and analyzes data on injuries to people who are seen at the emergency rooms of 11 pediatric hospitals and 8 general hospitals in Canada.	Sherry MacGillivray
	Injury Prevention- thanked Zahra Hussein who has recently resigned due to change of jobs for the outstanding work she has done co-chairing the committee with Jane Edwards for the past 5 years for their vision and energy in IP. The meeting is tomorrow and he encouraged anyone who is interested to join the meeting. It is a unique opportunity for membership to bring together stakeholders like Parachute and many other agencies in Canada.	Dr Neil Merritt
	Education Portfolio- thanked everyone who responded to the education survey which was the major undertaking this past year. The feedback was very specific and will help to shape what we offer in future. She announced the first meeting of the Education Committee on March 26th and if anyone wishes to become involved to contact Kelly, Jag or Kate.	Dr Kelly Vogt
	Membership Survey- will be sent out to members this year to seek your input on how we can improve the value of a TAC membership.	Dr Neil Parry
	Research Committee- Thanked everyone for their ongong support of research and the day held yesterday. He asked people to watch their emails for further information from the Research committee. He will be working with Alun and Amanda clarifying the process and judging of any submissions received for the Lerners Research grant**.**	Dr Andrew Beckett
	Global Issues & Disaster Preparedness- TAC represents a unique org as it is one of the only interdisciplinary associations that focuses on trauma care nationally and as such serves as a forum to discuss issues related to care of the injured patient that we can leverage on all of our committees. Globally we are working with several other international colleges helping to align trauma system implemetation and education portfolios. We are working with West African Surgeons,East African College of Surgeons, American Trauma Society and European Trauma Society and Australasian Trauma Society. It is not only what we can offer them but also what they can offer us in terms of lessons learned in managing trauma systems . We are collaborating with WHO on a National Surgical, Obstetrical & Anaesthesia plan in several of these environments with expertise from TAC. For Disaster side we collaborate with MSF, ICRC with projects including developing a curriculum for disaster planning and response, developing a Fellowship-Humanitarian looking at how we can professionalize the work in those environments and take it to the humanitarian setting.	Dr Tarek Razek
4.0	**NEW BUSINESS**	
4.1	**Recognition of Departing Board Members- Dr Neil Merritt** Dr Neil Merritt has been a member of the Board since 2014 but has now concluded his term of office. Dr Tremblay thanked him for his passion particularly in the areas of pediatrics and Injury Prevention and for his dedicated volunteer service and work on the Board. Dr Merritt will continue to play an active role on the Injury Prevention Committee.	Dr Tremblay
4.2	**Accreditation Update (Trauma Distinction Product)** Dr Yanchar started the commentary with a review of where we have come from working with Accreditation Canada (AC) on the Trauma Distinction (TD) product . TAC signed an MOU in 2012 to work with AC to develop the TD product .That MOU expired in 2014. AC owns the TD product. Since then we have had an informal relationship with AC to move it forward, talking about revision of indicators etc. For the past 18 months or more we have tried to bring in some suggested changes brought forward by TAC membership to improve the product and the survey process to ensure expert surveyors were part of	Dr Yanchar

	the site visits. We have made some progress in this regards as evidenced by the recent Alberta accreditation visit. But we have not had a lot of success with regards to other areas of concern with the product. The current communication to AC from TAC in the form of a formal letter sent a few weeks ago is that we still value accreditaton, the importance of quality and evaluation to ensure good adequate trauma care for all Canadidans but we longer wish to continue in an informal partnership but would remain available and willing to work with AC to improve the TD product but on a contractual basis. We have not had a response to that letter. Therefore nothing from AC has changed since we have not had a partership with them for the past 5 years. The only thing changed is they will ask us if they need our input on anything. They know we are the traum experts. We believe there are good people at AC working to find a solution with us and we hope to report back to you on progress in clarifying our relationship with AC in future. Dr Tremblay mentioned that there is an inititiave at the Board level to collect best practice guidelines that we will house on the TAC website. **Question from Nasira Lakha**- there is confusion in BC as they have 2 regions who will be up for reaccreditation and they are not sure what value it will be if nothing has changed. Dr Yanchar reemphasized that the TD product belongs to AC and it will be the clients who will influence them in making changes. Dr Razek says we are still in the same role as TAC to be the content experts as we are invited to do so by Accreditation Canada and/or to comment on what we see and hear from members. As a trauma community we are going to have to closely monitor the product as it evolves because TAC represents all trauma programs and systems in Canada. We will have to come to some decisions on how to proceed given how the accrediting body is rolling this out. TAC is here to support you. It is important that we have a process to monitor performance in our trauma systems and we need to inform the AC process. We are in this together.	
4.3	**Open Forum- Dr David Evans (BC)-** TAC should be the one to set standards and guidelines; there was a lot of good work done by previous TAC leaders and we think it is a really valuable product and the frustration in BC is we have not had the same kind of experience that we once had when TAC people were the accreditors as we met with experienced surveyors who could help our program grow. It raises the question of "What is the value of accreditation?" That is not so much a comment for TAC to answer so much as it is one Adminstrators should answer. The Provincial and Regional Program Directors who met yesterday were looking at the answer to that question. Dr Tremblay responded that it may very well be a role for TAC to determine the value and we need to find that out based on discussions we have with our members. Dr Yanchar encouraged the Trauma Directors to pursue describing the value statement. **Dr Paul Engels-** #1 priority for TAC Board over next 1-3 years is to reengage in the accreditation process or we are going to be on the outside looking in and if we don't engage then we will miss an opportunity. Dr Yanchar clarified that we are not backing down from developing standards and guidelines and a process. We are working to clarify our role with AC at present. **Member**- Trauma Distinction website says "in partnership with TAC" which seems in conflict with the message today. Dr Yanchar thanked the member for pointing this out and clarified that they can use that statement as this was part of the agreement of the original MOU about the current product but we have informed AC if any changes are made to the product they cannot continue to use that statement. Dr Razek reiterated that we are looking to get clarity on how this relationship is supposed to be as we move forward. This is a major issue in the country and TAC has the expertise to step up.	General Assembly
4.4	**President's Closing Message-** Dr Tremblay informed the Assembly that we were now out of time and if anyone wished to speak to a Director to please do so. She announced the next meeting is March 26-27, 2020 in Halifax with Co-Chairs Dr Rob Green, Lewis Bedford and Ian Watson.	Dr Tremblay
5.0	ADJOURNMENT	Dr Tremblay
5.1	**Adjournment-** Dr Tremblay thanked the attendees and declared the meeting was adjourned at 1325 without objection**.**	