

## Chairman's Report 2015

Dr Richard Aickin's address to member organisations at the New Zealand Resuscitation Council's Annual General Meeting, 9 November 2015.

*Mowbray Room, Bolton Hotel; 12 Bolton Street, Wellington*

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Welcome all to this annual general meeting of the New Zealand Resuscitation Council.

At our meeting in May, our auditor Michael Rania spoke to us about new reporting requirements for charitable organisations. One benefit of this is that charities are open and transparent, so people are better able to make informed decisions about their involvement with New Zealand's charities. Another benefit is that this reporting will better enable charities to show how their various activities contribute to its mission. It is this second benefit on which I wish to focus on in my address today.

### High quality resuscitation practice

All of us here on the New Zealand Resuscitation Council come with a vested interest that New Zealanders enjoy the best possible outcome from immediate threats to life and limb. This is our purpose, our overall outcome. Access to resuscitation practice and education that is consistent and of high standard is integral to this. Put another way, we seek is 'High quality resuscitation practice'. The question is, 'How do we prove that we're making a difference?' The answer lies in the impacts we seek, namely: 'New Zealand standards', 'robust, credible education', and 'better informed rescuers'.

I now want to reflect on these and how they were realised during 2015.

### Improved New Zealand standards

2015 has been a big year in the resuscitation world. After a five-year review of evidence and literature, revised consensus statements on resuscitation science were released on 15 October. Many of our councillors – Tonia Nicholson, Gabrielle Nuthall, Lindsay Mildenhall, Tony Scott, Rob Frengley, Kevin Nation and myself – have been involved in the review and development of consensus statements as part of the International Liaison Committee on Resuscitation task forces. This year, we attended one ILCOR meeting in Dallas, whereby task forces met face-to-face to deliberate proposed treatment recommendations before settling on the consensus statements that were released in October. It is a credit to New Zealand that we can make such a contribution to resuscitation internationally, and I thank my colleagues for their tireless efforts.

The release of the consensus statements has implications for our own resuscitation guidelines. Developing resuscitation guidelines is at the heart of what we do, and is the means by which we communicate what we believe should be the New Zealand standard. Currently there are 54 guidelines. These are now being updated to reflect the latest science and thinking, thereby promoting improved New Zealand standards. Not all recommendations in the consensus documents will be incorporated into

our guidelines, as they may not be appropriate for New Zealand's health system or our local environment. This is the value of our guidelines: evidence-informed treatment recommendations tailored to local needs.

Throughout 2015 we have worked with the Australian Resuscitation Council to revise our existing guidelines. Wherever possible, Australia and New Zealand share the same guideline. 'ANZCOR' is the combination of the Australian and New Zealand Resuscitation Councils, and proposed guideline changes have been made available to each council's member organisations. Three ANZCOR meetings were scheduled this year: in April, August, and November. The November meeting occurs this weekend, and here we will resolve any guideline issues raised by member organisations. After the meeting will be a second round of wider consultation and feedback. Our new resuscitation guidelines will be released from December.

Our guidelines lend themselves to adoption by healthcare providers as standards or protocol. In this way the Council is recognised as a standard-setting body for resuscitation in New Zealand, which in turn contributes to 'High quality resuscitation practice'.

## Robust, credible education

A robust, credible education package underpins high quality resuscitation practice. Our approach is to develop resuscitation instructors, who in turn provide training to others.

CORE is our education programme for health professionals, with particularly high penetration in DHBs and private hospitals. During 2015 we delivered four CORE Instructor courses and have approved 27 new CORE instructors from across New Zealand. This brings our total to 192 CORE instructors. This is a minimum figure, as a further 157 instructors are currently providing us with further information or confirming their involvement in CORE.[\[1\]](#)

We believe that CORE is a high-quality offering, as evidenced by feedback on the full CORE course. More than 96.5% of participants of 'agreed' or 'strongly agreed' that the course was valuable, stimulating and informative,[\[2\]](#) while over 98.5% 'agreed' or 'strongly agreed' that instructors were approachable, available, knowledgeable, good communicators, positive, and organized.[\[3\]](#)

The Council also provides an Emergency Care Instructor programme, which certifies people to deliver basic life support. Emergency Care Instructors are often first aid training providers, and a few are independent providers in the community. At this time, 126 people deliver our Emergency Care programme.[\[4\]](#) This is an interesting area for us. It is not an area where we enjoy high penetration – at least not directly – but is important insofar as most New Zealanders are not health professionals. As such, they stand to benefit from resuscitation training that is informed by us and recognised as best practice and a New Zealand standard.

While CORE and our Emergency Care Instructor Programmes look at adults, children and infants, our Newborn Life Support Programme is particular to facilitating resuscitation training for those who regularly assist babies in their first few hours of life. As with CORE, our Newborn Life Support instructors are also health professionals, and we are looking at integrating them with CORE instructors to provide formal representation on the Council. As of 29 October 2015, we have 136 Newborn Life Support instructors on our database.

We are well on the way to ensuring that we provide robust, credible resuscitation education programmes. As you know, all of our education programmes are under review to identify areas for

improvement. We expect to announce a number of developments at our conference in April, and this afternoon you will hear more about each programme from the project leads.

## Better informed rescuers

Our next conference, *Guidelines 2016 – Evolving for Excellence*, is on 7-9 April and will be held in Auckland. We will begin with a workshop day for resuscitation instructors and be followed by a two-day scientific meeting. We have already identified Dr David Zideman from the United Kingdom and Dr Laurie Morrison from Canada as keynote speakers. Both have extensive clinical and research experience, as well as a history of involvement on ILCOR task forces.

While the scientific meeting will focus on the development and implementation of new resuscitation guidelines, this is also a time when revisions to our education programmes must come together. We see this an ideal opportunity to discuss and demonstrate updates, while targeting educators and practitioners. This is about our realising ‘better informed rescuers’. It is linked to ‘robust, credible education’ – and it approximates a trickle-down effect where ‘better informed rescuers’ impart skills and knowledge to others, leading to even more ‘better informed rescuers’. Again, this underscores our intermediate outcome of ‘high quality resuscitation practice’.

## Looking ahead

With the release of new guidelines this December and the conference in April, we have a significant amount of work cut out for us in the first months of 2016. Even after the conference there will be much to do to ensure that educational developments are implemented successfully, and other stakeholders are “up with the play” and advised of any changes.

2016 also marks the twentieth anniversary of the New Zealand Resuscitation Council. It will be timely to reflect on how far we’ve come since 1996, what may lie ahead for us, which areas need attention, and how we configure ourselves to meet new challenges and opportunities.

I wish to thank all councillors and member organisations for their support this year. You have generously volunteered your time to what is often a demanding workload. I also wish to recognise the hard work of the staff throughout the year and their continued dedication to service delivery.

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[1] Data as of 29 October 2015.

[2] 96.97% ‘agreed’ or ‘strongly agreed’ that it was valuable (n=3,137), 96.6% ‘agreed’ or ‘strongly agreed’ that it was stimulating (n=3,091), and 96.71% ‘agreed’ or ‘strongly agreed’ that it was informative (n=3,096) (data as of 29 October 2015).

[3] 98.78% ‘agreed’ or ‘strongly agreed’ that instructors were approachable (n=3,142), 98.69% ‘agreed’ or ‘strongly agreed’ that instructors were available (n=3,130), 98.85% ‘agreed’ or ‘strongly agreed’ that instructors were knowledgeable (n=3,125), 98.72% ‘agreed’ or ‘strongly agreed’ that instructors were good communicators (n=3,125), 99.00% ‘agreed’ or ‘strongly agreed’ that instructors were positive (n=3,125), and 98.81% ‘agreed’ or ‘strongly agreed’ that instructors were organized (n=3,120) (data as of 29 October 2015).



[4] Data as of 29 October 2015.