

## Chairman's Report 2016

Dr Richard Aickin's address to member organisations at the New Zealand Resuscitation Council's Annual General Meeting, 13 March 2017.

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

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

## Statement of Service Performance



### Statement of Service Performance

*1 July 2016 – 30 June 2016*

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At our last AGM, I spoke of the new reporting requirements for charitable organisations and how this will better enable charitable organisations like ours to demonstrate how activities impact on outcomes. We have now prepared our first ever [Statement of Service Performance](#), for the year to 30 June 2016. I refer you to this document but will briefly summarise key measures for each output.

### **Robust, credible education**

In the year to 30 June 2016, we delivered:

- Four two-day courses, with a total of 37 new Certificate of Resuscitation and Emergency Care (CORE) instructors
- Two instructor workshops, one for CORE instructors and one for Newborn Life Support instructors.

We ask that full-day CORE course attendees give feedback on instructor performance on six variables on a scale of 1-5, where 1 is 'strongly disagree' and 5 is 'strongly agree'. The variables are: approachability, availability, knowledge, communication, positive attitude, and course organisation. The average score from all responses and across all variables was 4.85/5, which is a testament to the high quality of our instructors.

### **Better-informed rescuers**

In the year to 30 June 2016, we delivered:

- 7 routine communications to stakeholders – these were email newsletters
- Other communications, such as media releases and social media interaction through our Twitter and Facebook accounts
- 91% of respondents who filled in the conference evaluation for *Guidelines 2016* rated their overall experience as either ‘very good’ or ‘excellent’.

## Improved New Zealand standards

Councillors Rob Frengley, Lindsay Mildenhall, Kevin Nation, Tonia Nicholson, Gabrielle Nuthall, Tony Scott and I have been members of the task forces that authored the resuscitation and first aid Consensus on Science and Treatment Recommendations that were released in October 2015. As a Council we can be very proud of our contribution and representation on the international stage.

In January 2016, the New Zealand Resuscitation Council released 47 guidelines and 5 flowcharts that superseded existing resuscitation guidelines. We worked collaboratively with the Australian Resuscitation Council, with whom we co-badge our guidelines. It was a huge effort on the part of both councils to develop new guidelines, engage stakeholders, and publish the ANZCOR 2016 guidelines.

## Other achievements

Our outputs capture some of what we do, but not all that we do. In 2016 there was significant emphasis on education.

- In April we had three eminent international speakers at our conference *Guidelines 2016* – David Zideman, Laurie Morrison, and Charles Deakin.
- The conference attracted 349 registrations and was our biggest to date.
- In July we released updated Newborn Life Support provider course slides.
- In August we released our brand new resuscitation manuals for health professionals. These had been three years in the making.
- In October and November we implemented our new CORE courses for infant, child and adult life resuscitation, and also reinstated our Newborn Life Support instructor course.

Alongside all of this we have been developing an online learning portal. This will enable better administrative control of our training programmes and, over time, should deliver more value to us, our training providers, and learners, through access to course materials and reporting.

## Challenges

### First aid

For some years ILCOR, the International Liaison Committee on Resuscitation, has debated the inclusion of first aid in its scientific reviews. This matter has now settled, and ILCOR has agreed that first aid should be included. The impact is that resuscitation councils like ours need to decide whether or not they wish to adopt that extended scope for themselves.

My view is that resuscitation is fundamental in first aid training. While the bulk of the Council's education programmes target health professionals, I accept that we must have a stronger presence in first aid education in New Zealand if we truly wish to improve outcomes through the actions of bystanders, first aiders, and first responders. Pre-hospital resuscitation and first aid occurs in a different setting to that where advanced care is provided, and we need to be sensitive to this. Exactly what our activity may look like remains unclear, but we shall continue to work on this in 2017. As a first step, at our meetings today and tomorrow, we hope to confirm a revised mission, namely 'To set the standard for resuscitation and *first aid* in Aotearoa New Zealand'.

## Education

In late 2016, CORE Immediate, CORE Advanced and CORE Skills replaced existing CORE courses as our new adult, child and infant life support courses for health professionals. Previously we have had CORE 'levels', which was a more complex framework of training packages. The concept of CORE 'levels' is entrenched in many professional colleges and organisations, and we need to work with colleges and organisations to help them set new resuscitation training requirements.

The review of CORE provider courses was a great opportunity to update and clarify the prescribed course content and resources. For the most part, feedback on the new courses has been very positive. We are mindful that change can be tricky, and further change may be coming with the implementation of an online learning portal. During 2017 we shall continue to work with healthcare providers and professional organisations to facilitate adoption of the new courses, and to see that course materials and assessment procedures are correctly interpreted and applied.

## ILCOR

A consideration for Council is the mechanics of ILCOR, especially given the reconstitution of its task forces following the consensus statements of October 2015. ILCOR has been clear about its commitment to diversity on task forces, including a mix of career experience, gender, nationalities, and so on.

To date we have been reasonably successful at getting New Zealand representation on the ILCOR task forces, but not entirely successful. However, there is Australian representation on those task forces where there is no New Zealand representation, and we will work closely with our Australian colleagues to ensure our voice is heard.

The task forces will be renewed again in three years.

## Acknowledgements

In February 2017, Sheryl Eden ceased representing the New Zealand Nurses Organisation on Council. Her involvement on Council included a period as honorary secretary. Anna Lawson is their new representative.

Paul Turner has represented the New Zealand Fire Service since 2014, and is now handing over to Gavin Travers.

Today we are welcoming Wellington Free Ambulance as a member organisation, and Glen Mitchell is with us.

Welcome Anna, Gavin and Glen.

We also farewell Jess Neilson, who has been our Administration Assistant since 2014. Throughout this time Jess has maintained the accounts, and the improvements made to service delivery over the past couple of years would not have been possible without her efforts.

Thank you to all councillors and staff for your hard work last year. I believe we have taken major steps with long-term projects that will really take us forward, and look forward to the coming years.

Thank you.



Dr Richard Aickin, Chair, New Zealand Resuscitation Council