

Twenty-one years of saving lives: The New Zealand Resuscitation Council

Lachlan McKenzie, Jonathon Webber, Richard Aickin, Julie Considine, Anna Lawson, Lindsay Mildenhall, Kevin Nation, Tonia Nicholson, Gabrielle Nuthall, Tony Scott, Malcolm Stuart

On 26 November 1996, the New Zealand Resuscitation Council was established to set the standard for resuscitation and first aid in New Zealand so that any person in need has the best possible outcome from immediate threat to life and limb. Twenty-one years later, it remains true to its purpose as the advisory body for national guidelines that are evidence-based, have expert clinical input, and which are supported by its 21 member organisations.

Early days

Cardiopulmonary resuscitation (CPR) was officially adopted in 1960 as the preferred method of resuscitating a patient in cardiac arrest. Revolutionary at the time, it involved a cycle of external chest compressions to be delivered, interposed with mouth-to-mouth ventilations. Before this, various other methods of resuscitation were promoted by organisations such as the Royal Life Saving Society and taught by their respective branches in countries like New Zealand and Australia.¹ Since this time, entities have evolved to set best practice resuscitation guidelines that are relevant within the parameters of their local environments and healthcare systems. The founding of the New Zealand Resuscitation Council was, in the words of inaugural chair Peter Leslie, “the ultimate step in a process which began tentatively at a NZ Red Cross Society-coordinated forum on CPR on 5 November 1977”.²

Following its inception, the Council quickly set about developing national guidelines that had the support of its 16 foundation members—the Australasian College for Emergency Medicine, Australian and New Zealand College of Anaesthetists, Australian and New Zealand Intensive Care Society, Cardiac Society of Australia and

New Zealand, National Heart Foundation of New Zealand, New Zealand Ambulance Board, New Zealand Cot Death Association, New Zealand Defence Force, Order of St John, Paediatric Society of New Zealand, Private Emergency Care Association of New Zealand, Royal Life Saving Society of New Zealand, Surf Life Saving New Zealand, Royal Australasian College of Physicians, Royal Australasian College of Surgeons and Royal New Zealand College of General Practitioners—many of which continue to support the Council.² Aware that guidelines in isolation would be open to interpretation and therefore insufficient to ensure consistent application of recommended treatments, the Council developed training programmes. Its most significant initiative was the Certificate of Resuscitation and Emergency Care, or CORE, a curriculum designed especially for New Zealand health professionals and informed by the Council’s guidelines.

CORE was the brainchild of Duncan Galletly, the second chair of the Council. He reports this as his “proudest achievement” from his time with the Council.³ Previously, the Heart Foundation provided two resuscitation guidelines: one for basic life support (CPR and defibrillation) and another for advanced life support (resuscitation with other interventions). By contrast, Galletly’s vision for CORE was a curriculum that discerns knowledge and skills in resuscitation that different rescuers may need. Different training manuals were developed for different audiences: first aiders, first responders, health professionals, and health professionals who require a deeper understanding of resuscitation and advanced care. In 2016, the CORE programme was revitalised and streamlined, with new course

options, updated skill assessments and new, modern training manuals. As before, multi-disciplinary teamwork and scenario training is at the heart of the CORE learning experience. The Council now has a network of some 300 trainers who provide CORE around New Zealand, as well as a further 150 trainers who deliver its newborn life support (NLS) course.

International relations

Throughout its history, representatives on the Council have been involved in the International Liaison Committee on Resuscitation's (ILCOR) task forces. These task forces are charged with reviewing and evaluating the evidence for treatments and issuing consensus recommendations that may or may not be adopted by resuscitation councils in their own guidelines. This has given the Council considerable status among an international community of resuscitation clinicians and researchers.

Of all its international partners, the Council's strongest relationship is with the Australian Resuscitation Council through the Australian and New Zealand Committee on Resuscitation (ANZCOR). This partnership has enabled both countries to enjoy representation on ILCOR. Wherever possible, the two countries share guidelines and algorithms. The advantage is that rescuers in both countries are more likely to have a common understanding of how to respond to resuscitation events.

Key achievements

Current chair Richard Aickin agrees with Galletly that the Council's success as the national authority on resuscitation is due to the buy-in from members. Guidelines and algorithms inform many healthcare providers' local protocols (examples include the Council's flowcharts displayed in healthcare facilities across the country, and thousands who attend first aid training every year are taught to respond to medical emergencies using the Council's DRsABCD management plan). Increasingly the Council is approached for media comment. This is particularly important in a culture that advocates for health, safety and wellness, and in a growing public awareness of CPR and first aid.

Education has also been a key achievement of the Council. There has been nationwide

adoption of its training programmes, with many healthcare providers, professional organisations and colleges using its CORE and NLS course as their required standard of resuscitation training. The Council's training manuals are recognised as 'go to' reference texts for resuscitation. Biennial scientific meetings have also gone from strength to strength. These now attract 350 delegates from New Zealand and overseas, and delegates get to hear first-hand from international keynote speakers.

What next for the New Zealand Resuscitation Council?

Medical emergencies such as cardiac arrest most often occur in the community, so community training programmes and public access defibrillation are vital to lifting survival rates. Aickin says the Council is ready to back initiatives that promote CPR training, awareness, bystander CPR and public access defibrillation such as the recently launched GoodSAM (Good Smartphone Activated Medics) community first responder app: www.stjohn.org.nz/goodsam. "Only by embracing new technologies, and working with members, government, healthcare providers, researchers and educators are we going to realise our goal that more people survive resuscitation with good neurological outcomes", says Aickin. Whereas the Council has previously been oriented towards in-hospital resuscitation, Aickin says it is now time to work with its community-facing member organisations, as these rescuers often provide immediate backup at resuscitation events. The Kids Save Lives statement, which was endorsed by ILCOR and the World Health Organization, calls for all school children over the age of 12 to receive two hours of CPR training annually and Aickin is similarly adamant that CPR be a skill to which all New Zealand youth are exposed at some time.⁴

Twenty-one years on, the Council continues its fight to save as many lives as possible through providing best-practice guidelines for resuscitation and first aid. It continues to look for opportunities to inform, advise and educate rescuers—be they health professionals or others—so that all New Zealanders are ready, willing and able to play their part in responding to life-threatening medical emergencies.

Competing interests:

Nil.

Author information:

Lachlan McKenzie, Manager, Communications and Services, New Zealand Resuscitation Council, Wellington; Jonathon Webber, Honorary Lecturer, Department of Anaesthesiology, The University of Auckland, Auckland; Richard Aickin, Paediatric Emergency Medicine Specialist, Children's Emergency Department, Starship Children's Hospital, Auckland; Julie Considine, Professor of Nursing, Deakin University-Eastern Health, Melbourne; Anna Lawson, Resuscitation Coordinator/Registered Nurse, Critical Care Unit, Whanganui Hospital, Whanganui; Lindsay Mildenhall, Neonatologist, Middlemore Hospital, Counties Manukau District Health Board, Auckland; Kevin Nation, Chief Executive, New Zealand Resuscitation Council, Wellington; Tonia Nicholson, Emergency Medicine Specialist, Waikato Hospital Emergency Department, Hamilton; Gabrielle Nuthall, Paediatric Intensive Care Specialist, Paediatric Intensive Care Unit, Starship Children's Hospital, Auckland; Tony Scott, Consultant Cardiologist, Department of Cardiology, Waitemata District Health Board, Auckland; Malcolm Stuart, Anaesthesia Specialist, Australian and New Zealand College of Anaesthetists, Wellington.

Corresponding author:

Jonathon Webber, Honorary Lecturer, Department of Anaesthesiology, The University of Auckland, Private Bag 92019, Victoria Street West, Auckland 1142.
jweb018@aucklanduni.ac.nz

URL:

<https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2018/vol-131-no-1477-22-june-2018/7591>

REFERENCES:

1. Webber JB. (2010). Back to Life. In Harvey, RA (Ed.). Between the Flags: 100 Years of Surf Life Saving in New Zealand. 365-371.
2. Leslie P. (1997, September). New Zealand Resuscitation Council. Resuscitation New Zealand.
3. Galletly D. (2017, November 20). Interview with Duncan Galletly. (McKenzie L, Interviewer).
4. European Patient Safety Foundation. (n.d.). Kids Save Lives' Statement. Retrieved March 2, 2018, from Kids Save Lives: <http://www.kids-save-lives.eu/>