

# Organisation

## The Council

# New Zealand Resuscitation Council Constitution (2006)

The-Council/NZRC-Constitution-Sept-2006.pdf

The Council Registration Certificate.pdf

The-Council/20210119-Privacy-Policy.pdf

The-Council/NZRC-Our-Council-in-Context.pdf

Public records with Charities Services

### Statement of Service Performance

### SSP EoY 30 June 2023

Statement-of-Service-Reports/SSP-EoY-2019.pdf

Statement-of-Service-Reports/SSP-EoY-30-June-2018.pdf

Statement-of-Service-Reports/SSPs-Report-to-30-June-2016.pdf

# Chair Person's Reports

### 2022- Dr Tony Scott

Chairs Report 2022

### 2021 - Dr Tony Scott

I would like to begin my first Chair's Report by thanking our staff, instructors, councillors and key stakeholders for their resilience and adaptability to what has been another challenging year for training. Thank you for the continued support of the council and our continued work to improve outcomes for Aotearoa, New Zealand.

Earlier in the year we acknowledged the recent past chair Richard Aickin at a surprise event in Auckland where we awarded Richard with the Sir David Hay Medal. Since 1999 The Sir David Hay Medal is awarded to recognise an outstanding or lifelong contribution to resuscitation and emergency care in Aotearoa, New Zealand. Richard joins only four other recipients of this award; Dr Peter Leslie, Dr Duncan Galletly, Dr Shirley Tonkin and Dr Andy Swain. In the 12 years Richard spent as Chair of the Council, the organisation has grown and matured significantly. We thank Richard for his dedication, stewardship, and friendship during his time with the council.

The overall objective of the council is that all people in Aotearoa, New Zealand have the best possible outcome from immediate threat to life and limb. We contribute to this through promoting and fostering high quality resuscitation practice. Our impact areas are: robust, credible education; better informed rescuers; improved New Zealand standards.

### 2020- Dr Richard Aickin

2020 has proven to be a challenging, and rewarding year for the New Zealand Resuscitation Council. We had a number of disappointments in cancelling our biennial scientific meeting, NZ Resus 2020 which was shaping up to be a well attended and very informative few days in Rotorua. The council is looking forward to planning another in person meeting in 2022, and we will be exploring more online professional development sessions in 2021.

COVID-19 has created a number of challenges for the resuscitation training sector and the council has issued a number of amendments to guidelines and training to ensure safety and confidence of learners in hygiene during our courses. These recommendations have been issued promptly and ensure that our instructors and learners feel equipped for whatever alert level the country is in.

I would like to begin the 2020 Chairman's Report by thanking everyone for the acceptance that this has been a challenging year and the adaptation to the new normal. Also for the continued support of the council and our continued work to improve outcomes for Aotearoa, New Zealand. We measure our performance against a range of service performance indicators. Our outcome areas are: robust and credible education, better informed rescuers and improved New Zealand standards.

Dr Richard Aickin's address to member organisations at the New Zealand Resuscitation Council's Annual General Meeting, 25 November 2019.

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

#### **Service Performance Indicators**

We measure our performance against a range of indicators. Our outcome areas are: robust, credible education; better-informed rescuers; and improved New Zealand standards.

#### **Robust and Credible Education**

In the year to 30 June 2019 New Zealand Resuscitation Council instructors delivered CORE Advanced to 5,830 learners, CORE Immediate – Adult to 1,056 learners, CORE Immediate – Adult & Child to 1,319 learners and Newborn Life Support to 989 learners.

We ask that full-day CORE course attendees give feedback on instructor performance on six variables. The variables are: approachability, availability, knowledge, communication, positive attitude, and course organisation. Ratings are given on a scale of 1-5, where 1 is 'strongly disagree' and 5 is 'strongly agree'.

In the year to 30 June 2019 we asked all 5,830 CORE Advanced Participants to rate instructor performance. Across the respondents the average score was 4.89/5 which is an improvement on 2018 and a testament of the high calibre of our instructors.

Dr Richard Aickin's address to member organisations at the New Zealand Resuscitation Council's Annual General Meeting, 5 November 2018.

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

#### **Service Performance Indicators**

We measure our performance against a range of indicators. Our outcome areas are: robust, credible education; better-informed rescuers; and improved New Zealand standards.

#### Robust, credible education

In the year to 30 June 2018, we trained 69 new instructors (52 new CORE Advanced instructors and 17 new newborn life support instructors) over 7 instructor courses (3 CORE Instructor courses and 2 newborn life support instructor courses). This is 10 more instructors than we trained in 2017.

Our biennial CORE and Newborn Life Support instructor workshops were delivered on 19 April 2018 at Te Papa in Wellington, as part of the Council's 21st anniversary conference.

We ask that full-day CORE course attendees give feedback on instructor performance on six variables. The variables are: approachability, availability, knowledge, communication, positive attitude, and course organisation. Ratings are given on a scale of 1-5, where 1 is 'strongly disagree' and 5 is 'strongly agree'.

From 4,930 responses, the average score from all responses and across all variables was 4.88/5, which is a testament to the high quality of our instructors. This is an improvement on 2017 result of 4.85/5.

Dr Richard Aickin's address to member organisations at the New Zealand Resuscitation Council's Annual General Meeting, 6 November 2017.

#### Sofitel Hotel; 11 Bolton Street, Wellington.

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

#### **Service Performance Indicators**

We measure our performance against a range of indicators. Our outcome areas are: robust, credible education; better-informed rescuers; and improved New Zealand standards.

#### Robust, credible education

In the year to 30 June 2017, we trained 59 new instructors (36 new CORE Advanced instructors and 23 new newborn life support instructors) over 5 instructor courses (3 CORE Instructor courses and 2 newborn life support instructor courses).

There were no instructor workshops in 2017. These are biennial events and our next workshops will be on 19 April 2018.

We ask that full-day CORE course attendees give feedback on instructor performance on six variables. The variables are: approachability, availability, knowledge, communication, positive attitude, and course organisation. Ratings are given on a scale of 1–5, where 1 is 'strongly disagree' and 5 is 'strongly agree'. From 4,151 responses, 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**

We are committed to keeping people informed about our progress. In part, we achieve this through our newsletters, of which there were five in the year to 30 June 2017. These had an average open rate of 41.69% and an average click-through rate of nearly one-quarter of those who opened the newsletter (24.47%).

We also published five media releases, and seven other news stories, as well as frequent posts to our Facebook and Twitter audiences.

#### Improved New Zealand standards

The Australian Resuscitation Council is our closest international partner, with whom we develop resuscitation and first aid guidelines. ANZCOR Guideline 10.6 – Family Presence During Resuscitation was new this year, while another 15 guidelines had minor amendments. Further, the New Zealand Resuscitation Council has representation on four of six ILCOR[1] task forces:

- Dr Robert Frengley on Education, Implementation and Teams
- Dr Tonia Nicholson on Advanced Life Support
- Dr Gabrielle Nuthall and me on Paediatric Life Support task force (of which I am cochair)
- Dr Lindsay Mildenhall has been reconfirmed on Neonatal Life Support.

Kevin Nation has also been instated as a domain lead for airway and ventilation. Domains are topics that may have implications across more than one task force.

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**

#### ×

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'.

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

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 are 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.

### 2014- Dr Richard Aickin

Dr Richard Aickin's address to member organisations at the New Zealand Resuscitation Council's Annual General Meeting, 10 November 2014.

Conference Room 1, Wellington Conference Centre; Level 7, 50 Customhouse Quay, Wellington

Welcome everyone to this annual general meeting of the New Zealand Resuscitation Council, and thank you for joining us in Wellington today.

Overall, 2014 has been a big year for the Council and we've achieved a lot. We've taken some big steps in multi-year projects and laid good foundations for others. We've hosted our biggest conference to date. Amongst this we've remained true to our values of evidenceinformed treatment for resuscitation, and have upheld our commitment to accessibility of resuscitation education.

Before going further, I wish to acknowledge the recent and sudden death of Professor Ian Jacobs. Ian was a good friend on both a personal level and to our Council, and had a driving commitment to the relationship between Australia and New Zealand. He was Professor of Resuscitation and Pre-Hospital Care at Curtin University. His background was in emergency nursing and as a paramedic, and he continued working clinically as a paramedic in addition to his extraordinarily active academic career. His contribution to resuscitation was enormous – as Chair of Australian Resuscitation Council for 15 years, co-Chair of ILCOR, and champion of many other significant developments including the Utstein template. His untimely death has understandably shaken the resuscitation community to its roots.

Read More

### **Course Evaluation**

### Neonatal Life Support Course Evaluation - National Results Year Ending 30 June 2021

NLS National Data year ending 30 June 2021

### CORE Advanced Course Evaluation - National Results For Year Ending 30 June 2021

CORE Advanced National Data Year Ending 30 June 2021