

2. Overview of Key findings

Overall, the evaluation found that PAD Demonstration could be judged as:

- *Effective* in providing a capable response to sudden cardiac arrest in public areas and demonstrating that Australian organisations can accept AEDs as part of their Occupational Health and Safety responsibilities;
- *Appropriate* as a method for establishing PAD in Australia and demonstrating the value of AEDs, but was not necessarily seen as the most appropriate model of defibrillation in the long term; and
- *Efficient*, with the proportion of program administration costs at 10-15% well within acceptable benchmarks.

The role of St John. St John as the program's community partner was favourably viewed by both higher level stakeholders; management and staff at the host organisations. Stakeholders believed that St John had identified appropriate installation sites and followed effective planning guidelines to maximise the outputs within the limitations of the PAD Demonstration. Managers and staff from host organisations praised St John for the management of the implementation, the personal support provided by project management and the quality of the training provided. Overall, the management of the project by St John was viewed by program participants as very efficient, and as operating within the limitations of a PAD Demonstration.

Appropriate host organisations. Most sites selected for the PAD Demonstration were considered appropriate by both higher level stakeholders and the host organisations themselves. Larger organisations with high levels of public throughput or specific risks of cardiac arrest were identified to be the most appropriate. Recent studies have suggested that optimal locations for AEDs are fitness centres, golf courses and public transport facilities – each of these types of venues have been included in the PAD Demonstration.

Litigation. Perceived risk of litigation remains a barrier to uptake of AEDs amongst some organisations considered to be the most appropriate sites for AEDs. Stakeholders reported that some large organisations feared litigation from negative AED outcomes and were reluctant to install AEDs or participate in the PAD Demonstration. Consultations with managers and staff confirmed that litigation had been an initial concern for participating host organisations, but one that was easily allayed through the effective communication from St John of the protection offered by the Good Samaritan Act.

The value of AEDs and the PAD Demonstration. Impact studies conducted since the commencement of the PAD Demonstration reaffirm that AEDs save lives, and that they have made a contribution towards improving public health outcomes both in Australia and overseas. Each of these studies concluded that AEDs have been effective in increasing resuscitation rates.

The current PAD Demonstration model was reported to be the most appropriate way to commence and demonstrate the value of AEDs to Australian businesses. Managers and staff from host organisations reported positive experiences with the PAD Demonstration. At its most effective, the PAD Demonstration has resulted in the installation of AEDs becoming a standard element of public liability and workplace safety for participating organisations. Training in the use of AEDs has been incorporated as standard first aid response procedures and is likely to continue. This was more evident in larger organisations that provide regular first aid training and employ dedicated emergency response personnel.

Overall, the PAD Demonstration has been effective in demonstrating the value of AEDs to participating host organisations. The perceived value of, and organisational commitment to the installation of AEDs was highest at sites where an AED had been activated and lives saved.

The role of the Australian Government in PAD. Stakeholders reported that national funding was the most appropriate way to *commence* the PAD Demonstration as government involvement gave the PAD program a level of ‘support and legitimacy’. The Australian Government’s leadership in the initial stages of the PAD Demonstration has helped to demonstrate that host organisation and general public concerns about liability and litigation can be overcome based on reassurance regarding liability. Most stakeholders considered that, as the AEDs gain momentum and more Australians become aware of the benefits of AEDs, the government’s financial role in PAD should be reduced.

The progression of PAD programs in other countries has seen a reduction in the role played by central governments.

In the UK a slow evolution of the funding and governance model has taken place. At the time of the previous literature review, AEDs and PAD were centrally co-ordinated and funded by the central government. The program has now entered ‘Phase 2’. The funding role has been devolved to ‘the Big Lottery Fund’ using proceeds from a large national lottery. Program administration is overseen by local ambulance trusts, with limited input from the central government.

In the US, a hybrid model of centralised and state-based funding and administration is in place. Historically, the Federal Government has made provision of large funding pools (\$25,000,000-\$30,000,000) for the purchase and installation of AEDs. Not all states received funding, and different states have used the funding in different ways. Some states have obtained further funding from sources such as tobacco settlements and donation partnerships. There is great variation in AED legislation such as ‘Good Samaritan clauses’ between US states.

In Australia, the most valued aspect of the PAD Demonstration for host organisations was the government funded AED. Financial commitment (the notion of privately funding AEDs) varied between organisations. A number of organisations interviewed for the qualitative consultations stated they would not be prepared to use their own funds to purchase AEDs. Most reported having other more pressing occupational health and safety priorities. Financial commitment was weaker amongst small organisations.

In contrast, the CR&C quantitative survey found that participation in the PAD project has successfully demonstrated the value of AEDs to host organisations and increased financial commitment. One third of organisations had considered purchasing an AED prior to involvement in the PAD Demonstration. After involvement, the proportion prepared to invest in AEDs increased. Half of all organisations interviewed indicated that they would continue to invest and maintain the AED if government funding was no longer available. Ten percent of organisations surveyed had already purchased additional AEDs since taking part in the Demonstration project. This was a stronger financial commitment than the initial qualitative consultations suggested.

The importance of training. Recent studies have reported even greater benefits when AED training is combined with CPR training. The importance of combining CPR training with AED training was also identified during the stakeholder consultations, and the qualitative and quantitative interviews with managers and staff at host organisations. St John’s training (incorporating essential emergency response skills such as CPR) provided reassurance and confidence. Almost all trained staff indicated they would feel confident to use the AED in the event of an emergency. However, the perceived likelihood of untrained staff (lay persons) using the AED was low.

Furthermore, management and staff believed that trained first responders were better equipped to provide effective response in an emergency – and that other factors needed to be considered when responding to an event than simply activating the AED including assessing the emergency situation, administering CPR, and appropriate crowd control.

Overall, the current PAD Demonstration operates as a *trained first responder* program rather than a *public access* defibrillation program.

Future directions for the PAD Demonstration. A number of stakeholders believed that survival rates from sudden cardiac arrest could be improved by saturation of AEDs in public areas. These stakeholders believed that the installation of AEDs should become part of a standard duty of care for public liability and workplace safety for larger organisations, and other developments such as regulation and incentive schemes were identified as important drivers of a shift to non-government funded PAD.

The quantitative findings confirmed that government guidelines for safety in the workplace would be a greater driver for organisations to purchase AEDs, compared to concern for the general health and safety of the public.

Suggestions for a promotion or a public information campaign were considered to be effective in communicating the demonstrated value of public access defibrillation to the broader Australian population. Information campaigns suggested including specific workplace based campaigns aligned to Occupational Health and Safety as well as broader community awareness campaigns.