

4. Stakeholder Consultations

Stakeholder consultations were conducted with academics and peak body representatives with expertise and experience in the field public access defibrillation. Stakeholders interviewed were actively working in the field, a number were also members of the PAD Demonstration Working Party, and had detailed knowledge of both the development and implementation of the program. The consultations focussed on the effectiveness of early access defibrillation generally, as well as the PAD Demonstration itself.

The detailed findings from the stakeholder consultations are presented in the following sections.

4.1 St John as the program's community partner

All stakeholders interviewed held St John in high regard. All praised St John's efforts in implementing the PAD Demonstration, and the organisation's effectiveness in implementing AEDs at key locations where the devices could save lives in the Australian community. Stakeholders noted the importance of the face-to-face support provided by St John in guiding host organisations through the installation process.

The PAD Demonstration would have failed without that personal element provided by St John, [you] need that personal element in the first instances, to get people on board with it. (Stakeholder)

4.2 Appropriateness of the current model of PAD

Stakeholders were asked about the appropriateness of the sites selected to participate the PAD Demonstration, and the appropriateness of the current PAD Demonstration model.

Stakeholders identified appropriate venues to be those with a large volume of people moving through regularly, or areas where previous sudden cardiac arrest events had occurred.

I think they are [at the appropriate sites]. Anywhere having a large collection of people moving through is a reasonable place to have a defibrillator – train stations, airport, shopping centres. (Stakeholder)

Where you have high volume, such as airports, over a period of years they will save lives ... as long as there is someone gutsy enough to have a go at activating the unit. (Stakeholder)

Stakeholders also mentioned that the guidelines for the Australian PAD approach were based on those of the American Heart Association (the peak body driving PAD in the US), who were considered to be pioneers in the public access defibrillation field. It was perceived that through the PAD Demonstration, St John was seeking to place AEDs in appropriate areas. That is, locations where a cardiac arrest would be expected every two to five years, and where trained responders or bystanders to be able to use the AED would be available within three minutes.

The fact that St John had actively consulted with local ambulance authorities in identifying appropriate venues was also mentioned as a strength of the PAD program.

The roll-out was done as a consultative process [between St John and the state ambulance authority]. Our involvement gave it that local stamp of authority. (Stakeholder)

Stakeholders felt that appropriate sites had been selected for the PAD Demonstration. However, stakeholders noted that participation in the PAD Demonstration came down to enthusiasm from organisations at the local level. A number of organisations identified as appropriate sites (particularly large shopping centres) were resistant to the installation of AEDs. Stakeholders believed that this reluctance stemmed from an unfounded fear of litigation – that organisations were concerned that they would be liable if an AED was activated and there was a negative outcome for the patient.

Shopping centres just use that litigation as an excuse not to take it on. (Stakeholder)

It surprises me that major shopping centres are not getting involved because of litigation concerns. It's ludicrous. (Stakeholder)

As a result, some stakeholders were concerned that some installation sites had been selected more out of willingness to participate, rather than for being the most appropriate site for an AED.

I can see why some [smaller sporting clubs] would want to stick their hands up for [a free AED]. Even if it saves one life over ten years I can see that it would be worthwhile for them ... But we have to look at the bigger question - where is the biggest bang for buck? They need to be rolled out in venues where they can make a difference. (Stakeholder)

These stakeholders identified a need for wider recognition that people have a better chance of surviving sudden cardiac arrest if AEDs are used

Overall, the current PAD Demonstration was perceived by stakeholders as an appropriate way of *establishing* access to early defibrillation in Australia. However, the current model was not necessarily the most appropriate means for delivering a sustainable early defibrillation service in the long term.

It is the most intelligent way to start. (Stakeholder)

Appropriate installation sites have been selected for the PAD Demonstration. However some appropriate organisations feared litigation from negative AED outcomes and were reluctant to install AEDs.

4.2.1 First responder versus public access

Stakeholders suggested that public access (defibrillation by anyone in the vicinity of the AED, trained or untrained) was not necessarily the most appropriate early access defibrillation model. Trained first responder defibrillation programs (with AEDs placed in easily accessible public areas for defibrillation by appropriately trained persons who have a duty of care to respond to a medical emergency) were believed to be a more appropriate and effective means of delivering early access defibrillation in public areas, than public access defibrillation.

Defibrillation alone is not enough. It is part of the whole picture: people need to know to call 000 not the doctor; know how to respond; and really be prepared to act – that is the importance of that additional CPR training. (Stakeholder)

Training familiarised first responders with the AED, provided the additional skills of CPR training and provided individual responders with a sense of reassurance in their ability to activate the AED. Stakeholders from both the National Heart Foundation and the Australian Resuscitation Council strongly emphasised the importance of combining CPR with AEDs to provide the optimum outcome for a cardiac arrest patient.

It is important to understand that the provision of AEDs is just one aspect in the uptake and preparedness of people to act... it's also the attitudinal phases of intervening in a medical emergency which need to be considered. (Stakeholder)

It is rare that, when someone collapse, you put an AED on, they are in a shockable rhythm, the AED gives a shock and then they just sit up in front of you. They [the patient] need a period of CPR. That period of CPR, particularly the chest impressions, is crucially important. (Stakeholder)

However, these stakeholders emphasised that public access defibrillation was better than no intervention at all, stating that defibrillation gives the best chance for survival, even if administered by an untrained bystander.

One stakeholder cautioned that to be sustainable, the PAD Demonstration must not solely rely on those initially trained as first responders. The training (in use of AEDs and CPR) needs to become standard organisational practice, to ensure that the knowledge is not lost when staff move on. Increased awareness and education about the benefits of CPR training and the emergency chain of survival amongst the community were reported as being essential.

The current PAD Demonstration operates as a trained first responder program rather than a public access defibrillation program.

First aid or emergency training was the key factor in driving the acceptance of the trained first responder programs.

4.2.2 Government funding for public access defibrillation

Stakeholders reported that government funding gave the establishment of the PAD program a level of support and legitimacy. The government's involvement in the initial stages helped to ease host organisation and general public concerns about liability and litigation from activation of AEDs.

To kick it off with government funding is the best way. The government support demonstrates the value of AEDs to private business ... It will get bigger and wider spread and we will get more sources of funding. (Stakeholder)

I don't know what other way it could have been initiated. Government funding initiates the process, provides legislation to protect and reassure and then it can roll on from there. (Stakeholder)

Most stakeholders considered that as the project gains momentum, and more Australians are made aware of the benefits of AEDs, the federal government's role in funding AEDs should diminish. Other developments such as regulation and incentive schemes were identified as important drivers of non-government funded public access defibrillation by some stakeholders.

I doubt that the private market would sustain this program without some sort of incentive. Something like making the defibrillators tax deductible to dull the pain for businesses. (Stakeholder)

Stakeholders noted the need for a shift in expectations from government funding to private enterprise taking responsibility for AEDs, in the context of improved understanding of a standard of care for public liability and workplace safety. Most stated that this shift would not occur without an awareness campaign and stronger public advocacy for AEDs from government.

Government funding was considered appropriate to demonstrate the viability of AEDs in achieving improved patient outcomes for cardiac arrest victims. The ongoing role of federal government was questioned, with a strong view that good corporate governance should require organisations to commit to funding and installing AEDs themselves.

4.3 Effectiveness of the PAD Demonstration

When it came to commenting on the effectiveness of the PAD Demonstration in improving patient outcomes from cardiac arrest, a number of stakeholders stated that it was important to consider the original aim of the program first. The project was intended to ‘test the water’ regarding acceptance of AEDs in the Australian community. It was set up as a trial, with only a limited number of devices funded and installed at sites around the country.

The program was a concept where we thought there should be defibrillators available in the community. We took it to a level to test the water – Are they acceptable? Will people use them? The aim was really to work out the extent to which these things would be used. (Stakeholder)

In this context, Stakeholders were cautious when commenting on the effectiveness of the current PAD Demonstration in terms of improved patient outcomes and, more specifically, in identifying a causal relationship to a reduction in mortality rates from sudden cardiac arrest. With only one third (approximately 30%) of sudden cardiac arrest events occurring in public areas, stakeholders reported that it was difficult to judge whether the PAD Demonstration had improved survival rates from cardiac arrest in Australia on a larger scale.

We were never going to see improvements in increased survival [from this trial]. (Stakeholder)

You couldn't say that PAD has made a difference to mortality from sudden cardiac arrest in Australia, because such a small number happen in public places. But you could say that it has provided a more capable response. (Stakeholder)

However, stakeholders were very keen to emphasise that placements of AEDs under the PAD Demonstration had saved some lives and improved patient outcomes for a number of individuals.

Overall, the PAD trial could be judged as effective in providing a capable response to sudden cardiac arrest in public areas, in demonstrating that organisations were willing to accept AEDs and that the devices would be used appropriately when sudden cardiac arrest events occur.

When asked how PAD could impact on survival rates from cardiac arrest in Australia, Stakeholders drew comparison to the evolution of public access to defibrillation in the US. A combination of federal and state government funding, public advocacy and state and national regulation has assisted the US to evolve to a stage where it was considered a liability not to install AEDs.

It has gotten to the point in the US, where owners of buildings can be found negligent for NOT having an AED on site. Over there AEDs are seen as part of public safety. (Stakeholder)

Some stakeholders felt that the current Australian PAD trial had used similar guidelines to US, setting a solid foundation that could eventually translate into a broader saturation of AEDs. Others noted that the level of saturation needed for effective response to sudden cardiac arrest in Australia was a long way off, as Australia was yet to go down the path of regulation or large scale public awareness campaigns. A level of saturation of AEDs was required for early access defibrillation to impact on survival rates from cardiac arrest.

The question will come down to what is a reasonable standard of care. It will get to the stage that a person collapses and no if defibrillator is available that organisations will be held liable. (Stakeholder)

There has to be a saturation process but we are way off saturation here. Less than 10% I would say. (Stakeholder)

Case Study – Early Defibrillation at the MCG

Stakeholders frequently mentioned the rapid response early access defibrillation trial at the Melbourne Cricket Ground as being one of the most effective models. Generally, stakeholders believed that public access to defibrillation produced a three fold increase in the rate of survival from sudden cardiac arrest.

The trial of a three tiered response model implemented at the MCG was reported to have resulted in a 71% survival rate from cardiac arrest at the stadium (86% survived to ambulance handover) – compared with a 3% survival rate from out-of-hospital resuscitation reported at the same time.¹⁸ The survival rate of 71% was also believed by stakeholders to be several times higher than pure PAD programs.

The three tiers of response at the MCG consisted of: (1) A central location notified of a collapse by radio communication; (2) Mobile defibrillation teams would then respond to the incident within 1-2 minutes and administer defibrillation (using older mobile defibrillators in the first instances, AEDs once that technology had advanced) (3) Medical personnel formed the third tier – that is a nurse or a doctor would arrive on the scene to provide follow up treatment until hand over to the ambulance. This tiered defibrillation model was tailor made for the venue, and ensured for the delivery of prompt CPR, timely defibrillation and advanced life support.

4.4 Efficiency of the PAD Demonstration

There was concern about the ‘efficiency’ of ongoing government funding for the purchase, installation and training of AEDs. Some identified a need for detailed cost comparison work to be undertaken, comparing public access defibrillation with other emergency care models to establish the true cost effectiveness of this type of program.

Even without a detailed examination of the cost effectiveness, stakeholders believed that the program was sustainable beyond the initial costs without a further injection of funds from the government.

Stakeholders cautioned that any estimation of cost efficiency must take into account the human costs of cardiac arrest.

While there is an initial cost, we have to take into account the huge human cost benefits when even one life is saved. (Stakeholder)

It was also stressed that estimations of efficiency of early access defibrillation should take into consideration the high cost of program establishment, installation of the devices and initial training. With the ongoing costs for maintaining units and training staff being relatively low and incidences of sudden cardiac arrests increasing over time, the longer AEDs are installed for the more efficient the program will become.

The management of the project by St John was viewed by stakeholders as very efficient, and as operating within the limitations of a PAD Demonstration.

¹⁸ Wassertheil, Keane, Fisher, Leditchke. Cardiac arrest outcomes at the Melbourne Cricket Ground and Shrine of Remembrance using a tiered response strategy. *Resuscitation* 2000; 44: 97-104

4.5 Issues and lessons identified by Stakeholders

The success of a public access defibrillation programs rests on access by any member of the public to an AED. Stakeholders stated that the Australian community were generally unaware of AEDs and their benefits. Implementation of community awareness campaigns was strongly advocated by stakeholders as an option the government should consider. It was also noted that any information campaign to improve awareness needed to emphasise not just the benefits of having the AEDs available in public settings, but also the actions people should take in the event of a cardiac arrest and the safety of using AEDs.

It is giving people permission to use these things ... that's the scary part, that they don't feel that they have permission to use the AED. (Stakeholder)

The private sector's fear of litigation was viewed as a major stumbling block to the expansion of early access defibrillation. However, stakeholders felt this block could also be turned around by an informed communication campaign targeted at the private sector.

It is a matter of 'tweaking the message'. Turning the concept of AEDs into a more positive concept, that having an AED installed on site can save a life, rather than 'using an AED will open an organisation up to liability and litigation'. (Stakeholder)

Stakeholders identified a need to increase awareness amongst the private sector that an AED is a crucial piece of emergency equipment, and not a great expense when the cost-benefits are considered. The infrequency of cardiac arrest events was acknowledged as a likely deterrent for private businesses making the investment in AEDs. However, one stakeholder used a comparison of AEDs to fire extinguishers to emphasise the importance of AEDs as a life saving device for infrequently occurring emergencies.

If you have that approach 'where it won't happen very often so why bother' you would have to take out the fire extinguisher and stop your insurance for damage from floods etc. (Stakeholder)

It was strongly suggested that government could take a more active role in spreading the message that AEDs should be installed as a standard duty of care in (particularly in larger organisations). Stakeholders believed an active communication campaign was needed for AEDs to become the standard of care for public liability and workplace safety.

Stakeholders acknowledged that regulation was another option that could be explored to increase the installation of AEDs, and shift the financial onus from government to the private sector. However, they warned that regulation alone would not act as an incentive for organisations to install AEDs.

More inclined to say – here is an incentive program, but there is a strong requirement that if your organisation is a public place, that it is a duty of care that a level of safety is provided. Any kind of stadium has to provide first aid cover, have to be able to provide basic level of medical care. Why can't AEDs form part of that requirement? (Stakeholder)

Legislation will just mean that people could install them, but not necessarily comply. (Stakeholder)

Other factors suggested by stakeholders to be taken into account when considering the future of the PAD Demonstration included:

- The possibility of stronger roll for state governments in regulating and funding early access defibrillation:

The states can play an enormous role. They provide healthcare at a state-based level, and they are responsible for delivery of adequate healthcare and public safety. (Stakeholder)

I think things are better when they are jointly done between the various parties ... and a hybrid model between states and federal is a nice incentive program. (Stakeholder)

- That ambulance services would be best placed to take over the governance of the program, and to oversee performance monitoring:

The agency that has the most influence in public access defibrillation is the ambulance services. Ideal would be for ambulance services to be responsible for first aid governance, for the implementation of PAD and monitoring. (Stakeholder)

Lack of awareness of the benefits of AEDs amongst private business and the general public, together with misplaced fear of litigation, were key issues identified by stakeholders as affecting the ability of the PAD Demonstration Program to expand beyond its current role.