

6. Quantitative CATI Survey

The findings from the quantitative CATI survey conducted with the population of host organisations participating in the PAD Demonstration are presented in this chapter. The purpose of the survey was to quantify the extent to which the issues identified in the stakeholder interviews and qualitative research hold across the population of participating organisations.

A total of 79 organisations were identified in the population for the CATI survey of participating host organisations (only organisations who received AEDs funded under the Department’s PAD Demonstration were included in the CATI survey): 53 interviews were completed with the host organisation’s manager or site co-ordinator; and 59 interviews were completed with staff trained in the use of the AED (across 31 different organisations).

6.1 Findings from the CATI quantitative survey

Managers and staff were asked to rate their level of agreement to a number of broad ranging statements about the PAD Demonstration on a five point rating scale of: strongly agree; agree; neither agree nor disagree; disagree; and strongly disagree. The level of agreement (combined strongly agree and agree) is reported throughout the appropriate sections of this chapter and a summary table of responses for both managers and staff is presented in Section 6.11 of this report.

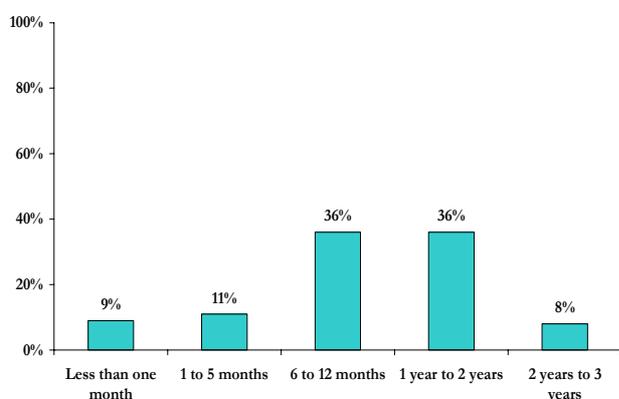
6.2 Selection of participating host organisations

Experience with the PAD Demonstration was quite recent, with just over half the organisations having the AED installed at their organisation for less than a year (Figure 1)

Managers were asked how many AEDs the organisation had installed, including devices received under the PAD Demonstration and any purchased privately by the organisation. Organisations interviewed had between one and six AEDs (Figure 2). Five organisations (or 10%) had bought their own AEDs in addition to those funded through the Project.

Figure 1: Length of time had AED

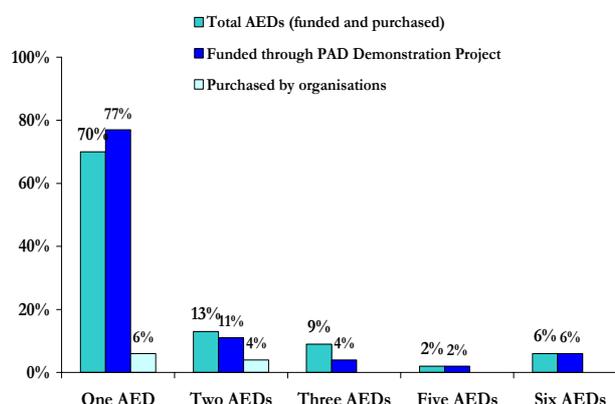
Q10. How long have Automated External Defibrillators (AEDs) been placed in your organisation? I am referring to the AEDs installed by St John.



Base: All managers (n=53)

Figure 2: Number of AEDs installed in organisations

Q11. How many AEDs do you have at your organisation that has been funded through the PAD Demonstration Project?
 Q12. And how many AEDs, if any, has your organisation purchased?



Base: All managers (n=53)

Multiple AEDs were more common in organisations defined as being an ‘uncontrolled’ environment (45%) compared to a ‘controlled’ environment (21%). The number of AEDs is likely to be a function of the size of the organisation, with larger chaotic environments having a greater volume of people and requiring more AEDs.

One in ten organisations had self funded an AED in addition to those received under the PAD Demonstration.

The way in which organisations and individuals became involved in the Pad Demonstration was explored, along with their length of involvement and funding arrangements for the AEDs.

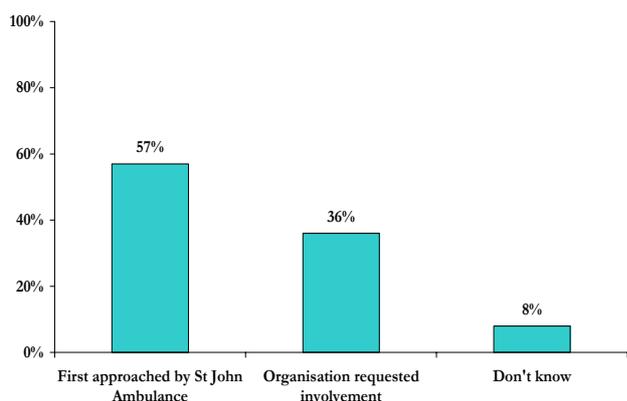
Almost three in five (57%) organisations were approached by St John to become involved in the Pad Demonstration. Another 36% of organisations requested involvement and 8% were unsure (Figure 3).

Interestingly, 70% of those approached by St John to participate were organisations defined as being in an ‘uncontrolled’ environment (large chaotic organisations such as, airports, railway stations, casinos, shopping centres, sporting venues and tourist attractions). In contrast, 42% of organisations in a ‘controlled’ environment (lower risk sites for sudden cardiac arrests such as schools, registered clubs, retirement villages, office buildings) requested to be involved. (The qualitative research identified resistance by senior management e.g. in shopping centre chains as a major barrier.)

The majority of trained staff (64%) were chosen by management to become a trained first responder, the remaining 36% volunteered to become a responder (Figure 4).

Figure 3: Selection of organisations in Pad Demonstration

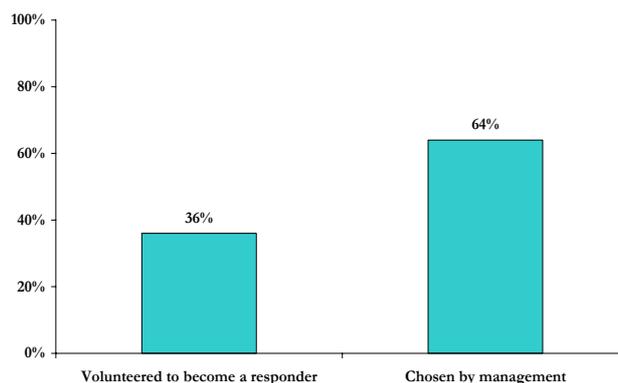
Q9. Thinking about how your organisation came about being involved in the Public Access Defibrillation (PAD) Demonstration Project, did St John first approach your organisation or did your organisation hear about the project and request to be involved?



Base: All managers (n=53)

Figure 4: Selection of staff in Pad Demonstration

Q58. To start, how did you first become involved as a responder in the Public Access Defibrillation (PAD) Demonstration Project managed by St John Australia? Did you volunteer to become a responder or were you chosen by management?



Base: All staff (n=59)

Almost three in five host organisations were approached by St John to become involved in the Pad Demonstration. Staff were more commonly targeted by management to become first responders compared to volunteering.

Almost all managers and staff felt their organisation was an appropriate location for an AED and that having an AED was important for public safety. Slightly fewer agreed that the AED was important for employee safety:

- ‘My organisation is a suitable location for AED placement’ (98% of both managers and staff);
- ‘Having an AED in the organisation is important for public safety’ (96% of the managers and 98% of the staff); and
- ‘Having an AED in the organisation is important for employee safety’ (89% of the managers and 95% of the staff).

6.3 Training of personnel in the use of the AED

The effective implementation of the AED requires that sufficient staff to be trained to permit appropriate coverage (for leave etc) and response times. These staff are expected to have a good level of knowledge in the operation of the AED, to feel confident to use the AED and to receive on-going training as appropriate.

6.3.1 Level of staff training

Managers were asked about the number of staff trained in the use of the AED. This included staff who were initially trained and those who received training after the initial session. On average, 17 staff members in each organisation were trained by St John at the time of installation (Figure 5).

After the initial training session, 36% of managers indicated that additional staff had received training. This may have included new staff and those that may not have been available for the initial training session. The proportion of organisations that had additional staff trained was related to the length of time that they had the AED:

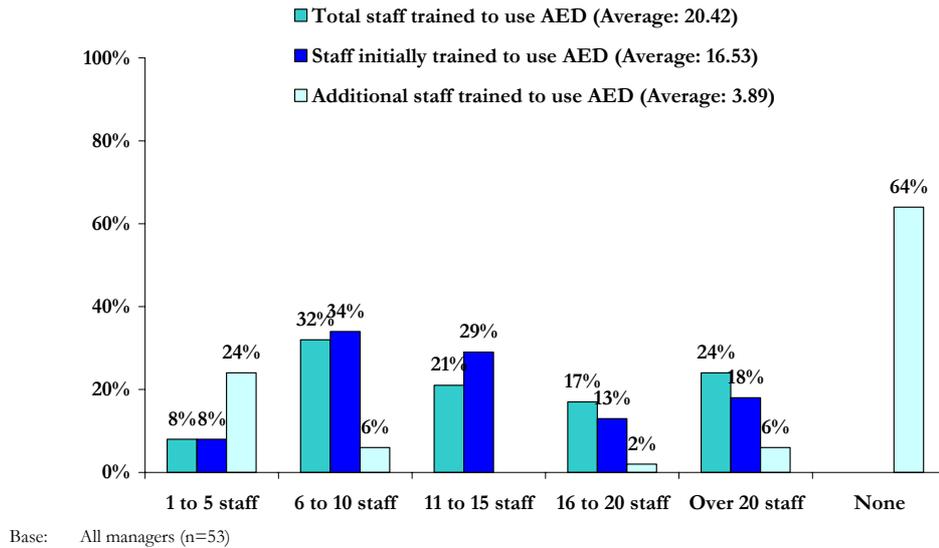
- 18% of organisations that had the AED for up to 5 months had additional staff trained;
- 32% of organisations who had the AED for between 6 to 12 months; and
- 48% of organisations that had the AED for at least one year had additional staff trained.

At the time of interview, on average 20 staff members in each organisation were trained to use the AED.

Figure 5: Total staff trained to use AED

Q16. How many staff members, including yourself, were initially trained to use Automated External Defibrillators (AEDs)?

Q17. How many additional staff members have received training to use Automated External Defibrillators (AEDs)?



6.3.2 Staff involvement in, and confidence gained by, training

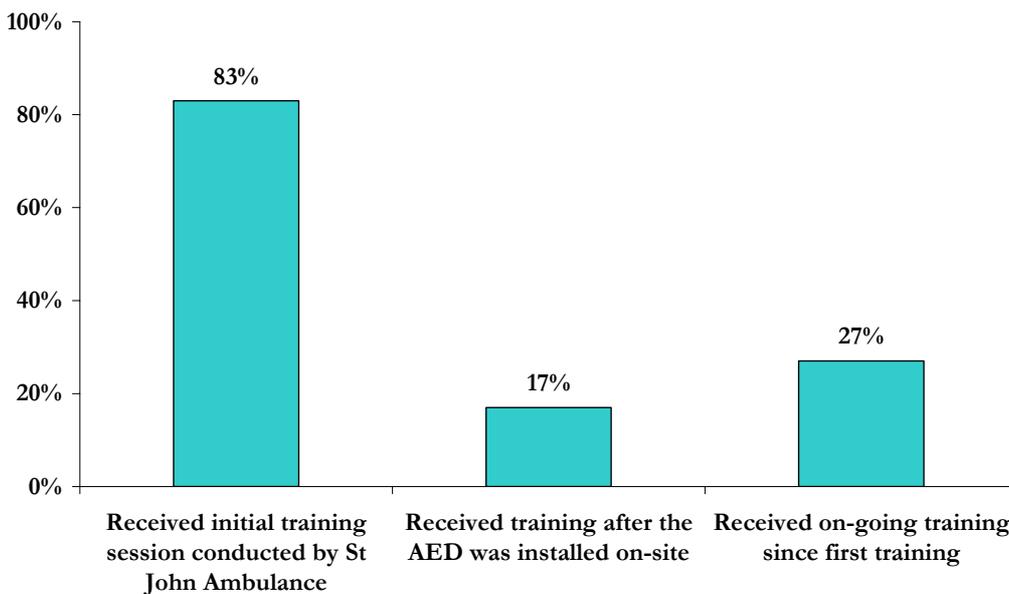
Trained staff were asked when they received their initial training and if they had received any on-going training. Four in five (83%) of the trained staff indicated that they were trained by St John when the AED was first installed on-site and one in five (17%) staff attended training after the AED was installed on-site (Figure 6).

Overall, one in four (27%) of the trained staff had received on-going training since their first training session.

Figure 6: Staff involvement in training

Q60. Were you involved in the initial training session from St John (when the Automated External Defibrillator was implemented on-site) or was your training conducted after the Automated External Defibrillator (AED) was installed on-site?

Q61. Have you received any on-going training with the St John since your first training session?



Base: All staff (n=59)

Sustainability of staff training

The need for additional training of new staff and the on-going training of those initially trained is time dependent. Only 44% of organisations had the AED installed for more than one year, therefore, it is reasonable to expect a lower proportion of organisations that had arranged for additional staff training or on-going staff training.

One in three (36%) organisations had provided training to staff after the initial training session when the AED was installed in the organisation. This may have been provided to new staff or those unavailable for the initial training session.

In terms of on-going training, one in four (27%) of the trained staff indicated that they had received on-going training with St John since their first training session. This was higher in organisations in which the AED had been installed for at least a year (34%). While the majority of staff agreed that *'My knowledge is kept up-to-date with internal training as required'* (68% strongly agreed or agreed), one in five (19%) disagreed with this statement.

One in three organisations had provided additional staff training after the initial session and one in three staff had participated in on-going training in organisations that had an AED for at least one year. There is an indication that on-going training needs may require monitoring.

6.3.3 Perceptions of training

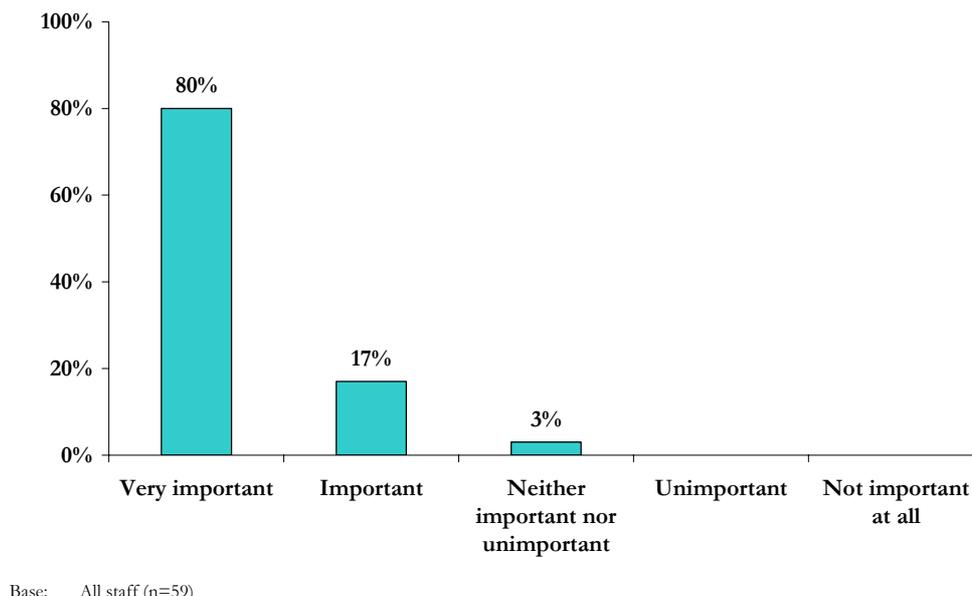
Eight in ten (80%) indicated their role was very important and a further one in six (17%) viewed it as important (Figure 7). Only two staff (3%) thought their role as the 'first responder' was neither important nor unimportant. Staff trained to use the AED placed great importance on their role as a 'first responder'.

The importance of the role as a 'first responder' is also reflected in the level of agreement by staff to the statements: *'I am pleased to be a responder for the AED'* (97% of staff, strongly agreed or agreed); and *'Management support my role as a 'first responder''* (96% staff).

Few staff thought that the additional workload was excessive as more than four in five staff (85%) disagreed with the statement *'I had to take on additional work over and above what was expected'*. Only 10% of the staff agreed with this statement.

Figure 7: Importance of the role of 'first responder'

Q59. How important do you see your role as a 'First Responder', that is, as a person trained in your organisation to use an Automated External Defibrillator (AED)? READ OUT



Almost without exception, staff considered their role as a first responder as important. They were pleased to be involved and felt supported by management.

Staff were asked to rate how confident they were to administer the AED on a sudden cardiac arrest patient and to reflect on how confident they would have been to do so without the training received by St John training.

Training increased the level of confidence by staff to use the AED (Figure 8). Without training only two in ten (20%) staff felt confident (very confident or confident) that they would be able to administer the AED on a sudden cardiac arrest casualty. After receiving training from St John, 92% felt confident (very confident or confident) in their own ability to activate the device.

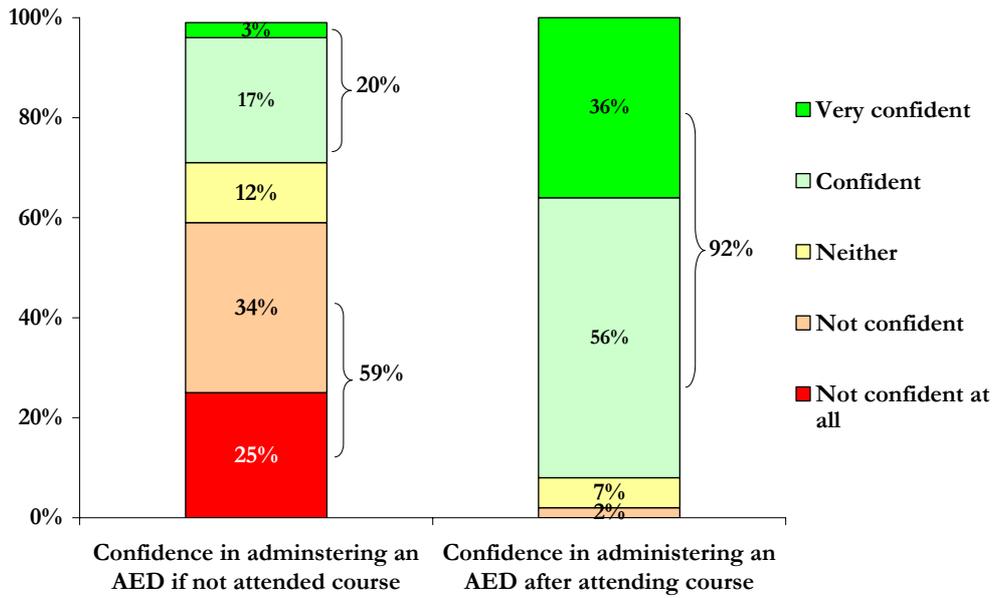
The reason given by the one respondent who was not confident to administer the AED after training was:

I guess it is due to the lack of ongoing training, lack of doing it day to day – it's very important, it's lifesaving, and there is a discrepancy between how often you train for it and how important it is. I haven't had to use it at all, so I feel like I have been trained to do something that might happen once every 5 years and I won't be familiar.

Figure 8: Confidence in using AED by if attended/not attended training

Q67. If you had not attended the training course, how confident do you think you would be to administer the AED on a sudden cardiac arrest casualty? Would you say...? READ OUT

Q65. After attending the training course, how confident are you to administer the AED on a sudden cardiac arrest casualty? Would you say...? READ OUT



The training provided by St John for staff instilled confidence in first responders.
 Without training this confidence to use the AED was negligible.

6.3.4 Opinion of and skills gained by training

Managers found the training was easy to understand. This translated into confidence to operate the AED in an emergency in the vast majority of cases:

- Nine in ten managers (89%) agreed that the ‘*Training is easy to understand*’ (the remainder did not know or found was irrelevant to their circumstance);
- Almost all managers and staff thought that the ‘*AED is easy to use*’ (92% of the managers and 100% of the staff); and
- At least nine in ten agreed that ‘*I would not hesitate to use the AED*’ (91% of the managers (3 managers disagreed) and 97% of the staff).

Trained staff were specifically asked about the effectiveness of the training carried out by St John and how familiar they were with first-aid procedures as a consequence of the training. All staff agreed that (Figure 9):

- ‘*The content of the training course was easy to follow*’ (56% strongly agreed and 44% agreed);
- ‘*The training material was clear and concise*’ (54% strongly agreed and 46% agreed); and
- ‘*The length of training course was about right for what I needed to learn*’ (49% strongly agreed and 47% agreed).

Almost all staff were familiar with the first-aid procedures (37% very familiar and 61% familiar). Only one staff was neither familiar nor unfamiliar with first-aid procedures (Figure 10).

Figure 9: Ratings of St John’s training programme

Q63. Now in relation to the training carried out by St John. To what extent do you agree, disagree or neither agree nor disagree that <READ OUT STATEMENT>. Is that strongly or just (agree/disagree)?

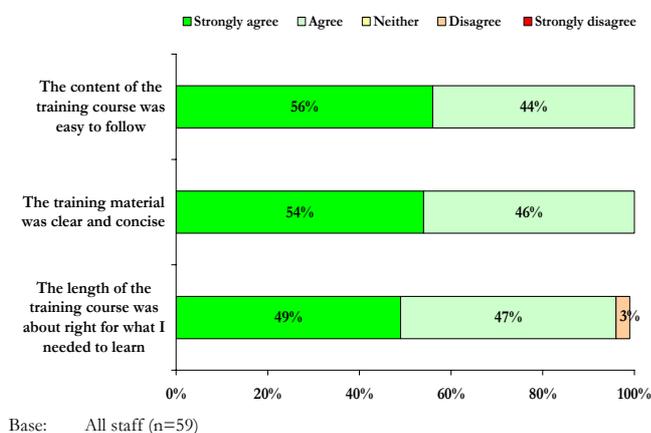
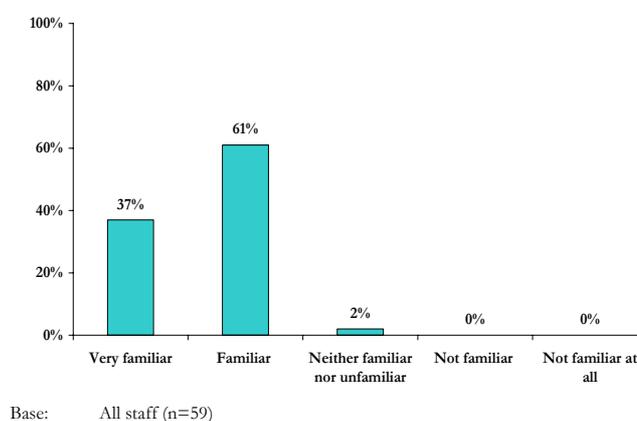


Figure 10: Familiarity of first-aid procedures

Q64. As a result of the training you received, how familiar are you with the first-aid procedures? Would you say...?

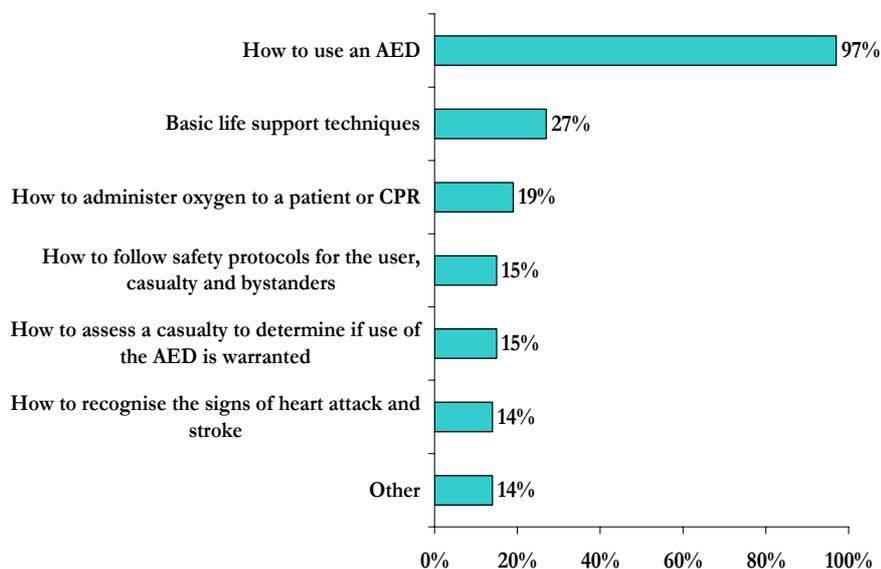


Trained staff were asked what they learnt from the training conducted by St John. Without prompting most staff mentioned that they learnt how to use the AED (97%) (Figure 11). However, the training provided more than just the use of the AED, with staff learning additional life saving skills such as basic life support techniques (27%), how to administer oxygen to a patient (19%) and how to assess a casualty to determine if the use of the AED was warranted (15%).

Less frequent aspects of training included mentioned (other – 14%) included different AED models; how the AED works on the heart and how to maintain it; how to make sure they're not on a wet surface; where to place the pads and to be aware of jewellery and other obstructions; the steps to follow use of the AED; and the benefits of an early response).

Figure 11: Skills gained from St John's training

Q62. What did you learn from the training conducted by St John?



Base: All staff (n=59)

Staff considered that the training carried out by St John was easy to follow and the material provided was clear and concise. This increased familiarity with first-aid procedures and most trained staff would not hesitate to use the AED if required.

6.4 Capability of staff within the organisation to follow procedures

The ability of staff within an organisation to respond to an emergency situation requiring the use of an AED depends upon both trained and untrained staff to know of its existence and to follow emergency response procedures. Notification of involvement in the Pad Demonstration was explored with both managers and staff.

6.4.1 Awareness of AED throughout organisation

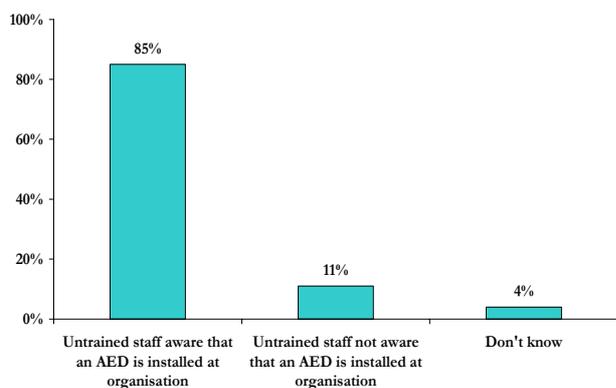
Awareness of the installation of the AED was fairly widespread throughout the host organisations included in the survey. Overall, 85% of managers indicated that untrained staff members were aware that an AED was installed (Figure 12).

More specifically (Figure 13):

- Three in five (62%) managers indicated that all or most staff had access to the publications and brochures about the AED – 17% of managers indicated that no staff had access;
- Half of the managers (50%) indicated that all or most staff were provided with a letter notifying of the AED implementation – 24% of managers indicated that no staff were sent a letter; and
- One in five (20%) managers indicated that all or most staff watched the St John ‘Surviving Cardiac Arrest’ DVD – 34% of managers indicated that no staff had watched the DVD and 6% indicated that it wasn’t provided.

Figure 12: Awareness of an AED on-site by untrained staff

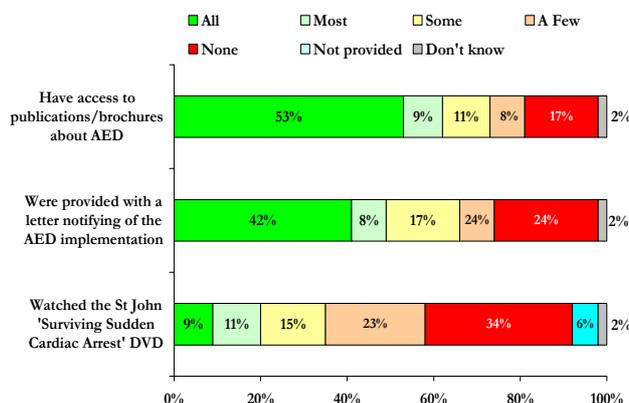
Q21. Are untrained staff aware that there is an AED at your organisation?



Base: All managers (n=53)

Figure 13: Awareness of AED implementation materials by staff

Q18. I am going to read out a list of materials that may have been provided to your organisation, would you say that all, most, some, a few or none of the staff throughout the organisation ...?



Base: All managers (n=53)

Awareness of the installation of the AED was fairly widespread throughout host organisations, with 85% of managers reporting that untrained staff were aware of the AED. However, room for improvement was indicated (only 50% of managers indicated that staff had received written notification and only 34% had shown untrained staff the St John DVD).

6.4.2 Staff awareness of the AED

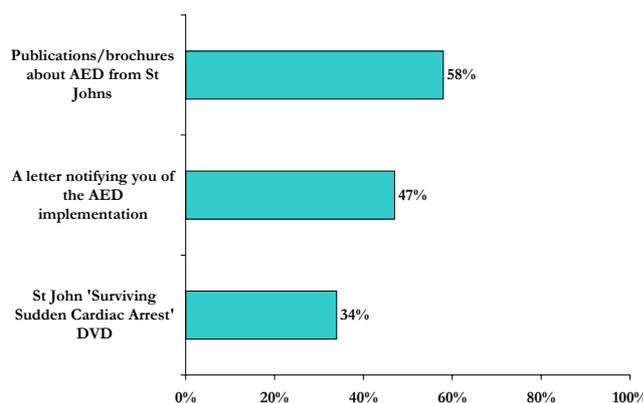
The self reported level of awareness of the implementation of the AED by staff was similar to that reported by managers (Figure 14).

In general, the staff who had seen the publications/brochures, the letter and the DVD were favourable in their assessment (Figure 15):

- Three in four (74%) who had seen the publications/brochures about the AED rated it excellent or very good;
- Almost three in five (57%) who had received a letter notifying them of the AED implementation rated it excellent or very good (4% - 1 staff member) rated it poor; and
- Three in four (75%) who saw the St John 'Surviving Sudden Cardiac Arrest' DVD rated it excellent or very good.

Figure 14: Awareness of AED implementation materials by staff

Q68. I am going to read out a list of materials that may have been provided to you by your organisation. First could you tell me if you have seen it or not. And if you have seen it, would you say that the information presented was excellent, very good, good, fair or poor. First of all, did you receive/have you seen ...



Base: All staff (n=59)

Figure 15: Ratings of AED implementation materials by staff

Q68. IF SEEN: And how would you rate it?



Base: All staff who have seen AED implementation materials

6.5 Appropriateness of response procedures in organisations

The appropriateness of response procedures was investigated including notification of the local ambulance service of the presence of an AED, the development of on-site emergency plans and display of the PAD action-plan.

6.5.1 Notification of ambulance service

Half (53%) of managers interviewed knew that the local ambulance service was aware that an AED had been installed at the organisation. Of the remainder, many did not know if the ambulance service was aware (36%) and only one in ten (11%) knew that they had not been informed.

6.5.2 Action plans

All staff (100%) were aware of the location of the AED(s) in their organisation, most organisations had the PAD action-plan located close by and this had been seen by staff (Figure 16):

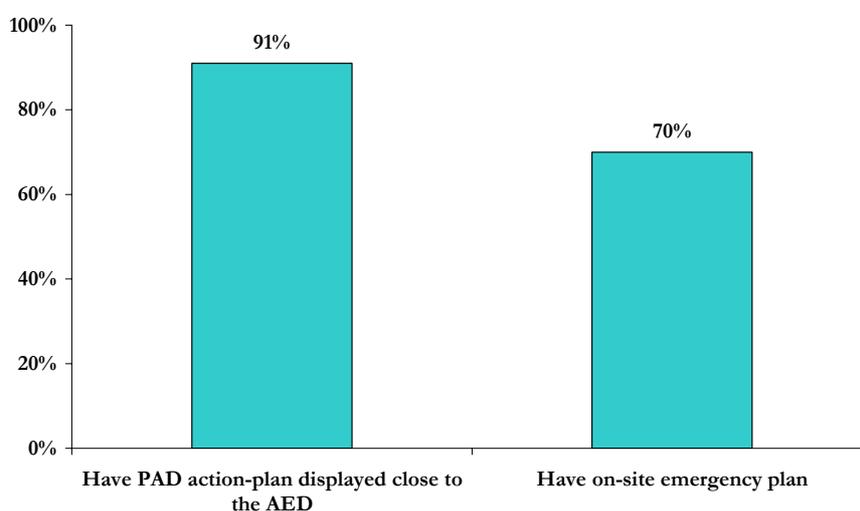
- Nine in ten (91%) organisations had a PAD action-plan displayed close to the AED;
- Four in five staff (81%) reported that they had seen this action-plan (19% of staff had not); and
- When asked to rate the information presented in the PAD action-plan, three in four (75%) staff rated it as excellent or very good. No staff rated the action-plan fair or poor.

The installation of the AED did not happen in isolation with the majority of organisations developing specific plans. Seven in ten (70%) managers indicated that their organisation had an on-site emergency plan for this type of situation. Almost nine in ten (86%) staff agreed (strongly agreed and agreed) that ‘Clear procedures and plan of action are in place if there is an emergency’. A minority (7% or 4 staff) disagreed that the organisation has clear procedures and a plan of action.

Figure 16: Display of action and emergency plan on-site

Q19. Do you have the Public Access Defibrillation action-plan displayed close to the AED?

Q20. Is there an on-site emergency plan for this type of situation?



Base: All Managers (n=53)

All trained staff were aware of the location of the AED and most organisations had the PAD action plan displayed close to the AED. On-site emergency plans had been developed in seven in ten organisations.

6.5.3 Use of the AED

Four organisations indicated that an AED received under the Pad Demonstration had been activated:

- One activation saved the life of the patient;
- One patient had a non-shockable rhythm; and
- Two patients died on-site.

Only one of the four activations had been carried out by trained staff. The other three activations had been carried out by lay persons (it is not known whether these lay persons were medically trained bystanders or not).

All four host organisations had received a de-brief from St John after the activation event. Three out of four organisations had the event data successfully downloaded.

One manager had personal experience with an AED activation. While the patient died on-site, the respondent was positive about the way in which they were able to provide assistance: the training received helped them handle the situation; they found it easy to use the AED and followed the step by step verbal instructions from the AED; they found the de-brief from St John useful; and importantly they were pleased to have been able to assist and it did not deter them from helping in the future. The one aspect to which they disagreed was that *members of the public provided support*.

Few activations of the AED were reported by host organisations.

6.6 Procedures for the sustainability of the arrangements

To sustain the program, the on-going costs need to be seen as reasonable by management, including the cost of maintaining the AED and on-going staff training costs.

In terms of costs incurred in maintenance and on-going training:

- Four in five managers (83%) strongly agreed or agreed that '*AED maintenance cost is reasonable*'; and
- Six in ten managers (62%) strongly agreed or agreed that '*On-going training costs are reasonable*' – 6% disagreed and 30% either did not know or thought it irrelevant to their organisation.

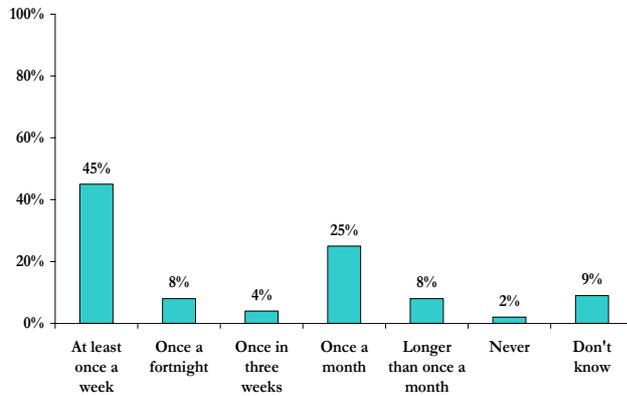
6.6.1 Maintenance

In supporting documentation provided to host organisations, St John recommends that a weekly maintenance check be carried out. The checklist includes checking: the green ready light is flashing; the supplies and accessories for damage and expiration; and that the outside of the device is free from cracks or other signs of damage.

Almost half (45%) of managers indicated that a maintenance check was carried out on the AED at least once a week and a third (37%) indicated that a check was performed once a fortnight to once a month (Figure 17). One in ten indicated that the maintenance check was carried out less often (8%) or not at all (2%).

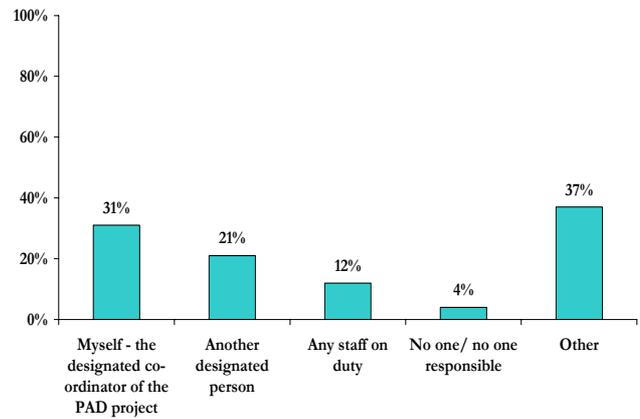
The maintenance check was carried out by 31% of co-ordinators of the Project (the respondent to the survey) or another specific dedicated person (Figure 18). Few indicated an informal arrangement (12%) or no one being responsible for the maintenance checks (4%).

Figure 17: Frequency of maintenance check
 Q23. How often is a maintenance check carried out on the AED?



Base: All managers (n=53)

Figure 18: Personnel responsible for maintenance check
 Q24. Who performs the maintenance check on the AED?



Base: All managers (n=53)

St John recommends that a designated site coordinator performs maintenance checks on the AED on a weekly basis.

Maintenance checks were carried out by only half of the organisations on a weekly basis.

6.7 Lay person use of the AED

The intention for a public access defibrillation funded program is to maximise the appropriate use of an AED by either trained or untrained lay persons in the case of a casualty having a sudden cardiac arrest.

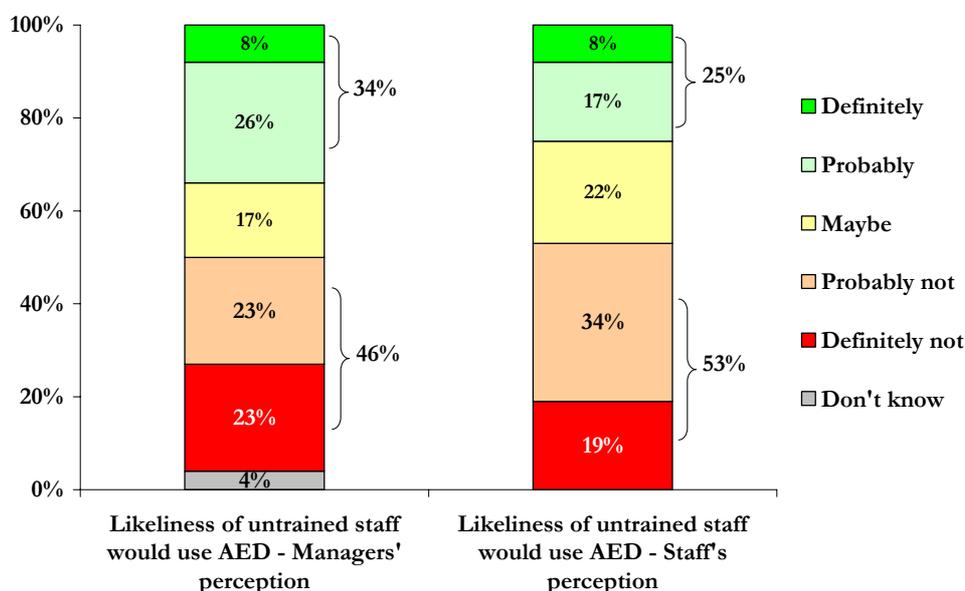
Four in five managers and staff strongly agreed or agreed that:

- ‘Any untrained staff or member of the public could use an AED’ (79% of the managers and 78% of the staff).

However, there was a low perceived likelihood of a lay person using an AED in the event of someone having a sudden cardiac arrest. Overall, one in three (34%) managers and one in five staff (25%) thought that untrained staff would definitely or probably use the AED in this type of situation (Figure 19). Half of the managers (46%) and the staff (53%) did not think untrained staff would use the AED (definitely not or probably not).

Figure 19: Likelihood of untrained staff using the AED (manager and staff)

Q22/Q70. In the event of a sudden cardiac arrest, is it likely that these untrained staff would use the AED?



Base: All managers (n=53) – Q22
 All staff (n=59) – Q70

While the majority of managers and staff thought that any untrained staff or member of the public *could* use an AED, both groups thought that there was a low likelihood of this occurring with the current level of public knowledge.

6.8 Support for the Pad Demonstration

The level of support for, and commitment to, the Pad Demonstration was measured on a number of dimensions including value of the time investment; attitudinal statements of support; likelihood of recommendation to other organisations; and likelihood of self-funding.

Ways in which the implementation of the Pad Demonstration could have been improved were also explored.

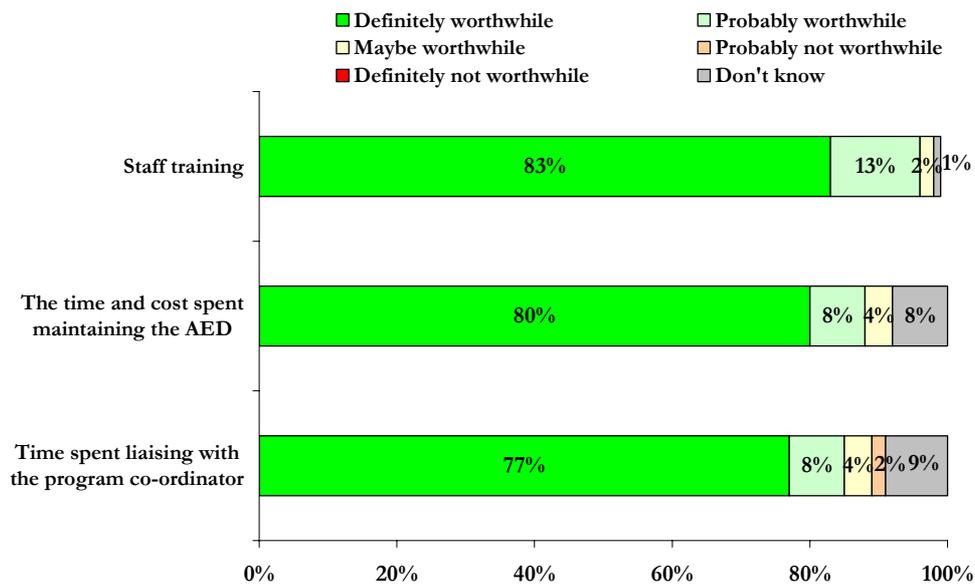
6.8.1 Perceived value of investment in Pad Demonstration

Involvement in the Pad Demonstration was highly valued and managers believed the investment in the Project as worthwhile (Figure 20):

- 96% indicated that the staff training was worthwhile (definitely or probably worthwhile);
- 89% indicated that the time and cost spent maintaining the AED was worthwhile; and
- 85% indicated that the time spent liaising with the St John program co-ordinator was worthwhile – only one manager felt that it was probably not worthwhile.

Figure 20: Rating of investments for AED implementation

Q14. Thinking about the benefits of having the AED placed in your organisation, would you say the investment in < READ OUT STATEMENTS > is definitely worthwhile, probably, maybe worthwhile, probably not, or definitely not worthwhile?



Base: All managers (n=53)

6.8.2 Rating of experience in the Pad Demonstration

Overall, both managers and staff highly rated their involvement in the Pad Demonstration. Three in four managers (72%) and staff (76%) rated their experience as excellent or very good (Figure 21). Only one manager and three staff rated the experience as fair.

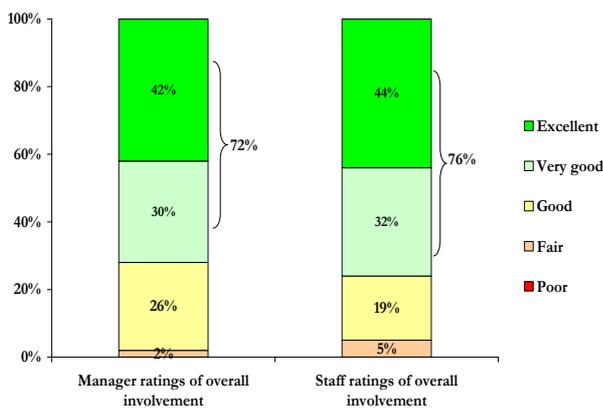
This high level of support is reflected in the level of agreement to the attitudinal statements:

- ‘Having an AED in the organisation is important to me’ (100% of the managers and 95% of the staff); and
- ‘I am committed to the PAD Project’ (96% of the managers and 98% of the staff).

Almost all (96% or 51 out of 53) managers would definitely or probably recommend other organisations to participate in the Pad Demonstration. Only one manager probably would not recommend other organisations to participate.

Figure 21: Ratings of organisation’s involvement in Pad Demonstration

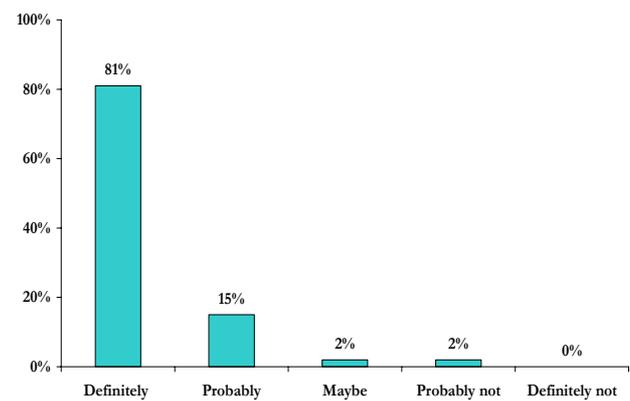
Q40/Q79. Overall, how would you rate your organisation’s involvement in the PAD Demonstration Project?



Base: All managers (n=53) – Q40
 All staff (n=59) – Q79

Figure 22: Likelihood of recommending others to participate in Pad Demonstration

Q43. How likely are you to recommend that other organisations participate in the PAD project?



Base: All managers (n=53)

Both managers and staff highly rated their involvement in the Pad Demonstration and most would recommend other organisations to participate.

6.8.3 Intentions to buy AED prior to involvement in Pad Demonstration

Prior to involvement in the Pad Demonstration, one third (32%) of managers indicated that their organisation had considered purchasing an AED. Over half (58%) had not considered purchasing an AED. One in ten (9%) were unsure.

The main reasons provided for considering the purchase of an AED were for public safety more so than employee safety; because they have an aged population at risk; as they had specific incidents requiring defibrillation; and as a preventative for some specific individuals who may require the device.

➤ **Public safety;**

There was a large number of people that travel through the terminal.

Traffic flow through the shopping centre. Public safety issues were our main concern.

Because of the nature of our work - we are a fitness facility.

➤ **Employee safety;**

For our staff - we work underwater.

➤ **An aged population at risk;**

We have over 1100 members over the age of 50...it alerted us to the fact that we have a population at risk.

We have a significant number of members who are over 60-65 and have an oxy-viva unit, we also have a steady and ongoing history of incidents requiring assistance, so it sort of made sense.

➤ **Previous incident requiring a defibrillator (4 organisations);**

We had had someone have a heart attack and die on the premises, at which staff administered CPR, and it got us thinking.

We have had heart attacks on our system and needed a solution to that.

We had somebody who had a coronary attack on the green and passed away.

➤ **As a preventative measure;**

Because we had two students here who possibly could need one.

We had a child at school who had a pacemaker put in.

Interestingly one manager mentioned alterations in the guidelines from the Australian Resuscitation Council as the reason for considering purchasing an AED:

Just because of the alterations from the Australian Resuscitation Council in line with basic lifesaving requirements, from DRABC to DRABCD (where the D stands for defibrillation).

6.8.4 Likelihood of buying AED(s) without funding

Managers were asked to reflect on their organisation’s likelihood of purchasing the number of AEDs that they had currently installed prior to their involvement in the Project (this assumed one AED would cost approximately \$3,000).

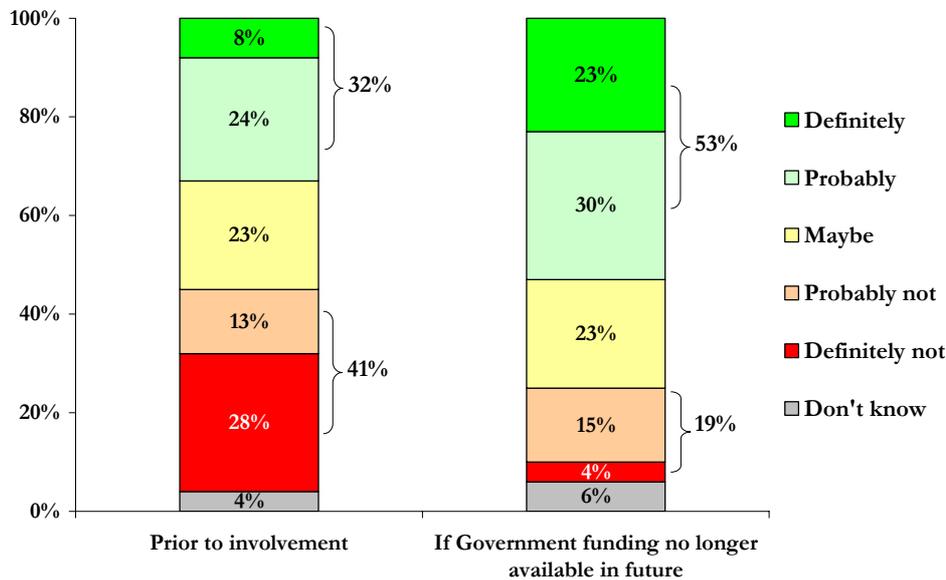
One third (32%) of managers indicated that they would have definitely (8%) or probably (24%) have made the investment for the initial set-up (Figure 23). This equates to 17 organisations that indicated they definitely or probably would have bought an AED; 11 of which were those who indicated that their organisation had considered purchasing an AED (Section 6.8.3). Two in five (41%) indicated that they would definitely not (28%) or probably not (13%) have bought the AEDs.

Managers were presented with the scenario of government funding no longer being available. Managers were asked how likely their organisation would *now* be to purchase the AEDs:

- Half (53%) of the managers indicated that they would definitely (23%) or probably (30%) invest in AED implementation if government funding was no longer available;
- One in five (19%) indicated that they would definitely not (4%) or probably not (15%) buy an AED.

Figure 23: Likelihood of buying AED(s) without funding

- Q15. The cost of an AED is approximately \$3,000 and you have (INSERT NO. IN Q11) funded. Prior to your involvement with the installation of the AED, do you believe your organisation would have spent (\$3,000 multiplied by no. of AEDs in Q11) on the initial set up cost?
- Q45. The cost of purchasing an AED is approximately \$3,000. Your organisation has (INSERT NO. OF AEDs FROM Q11) funded. If Government funding for the AED was no longer available, do you think your organisation would buy them?



Base: All managers (n=53)

Involvement in the Pad Demonstration has increased the likelihood of organisations self-funding their own AEDs.

6.9 Drivers for self-funding AED(s)

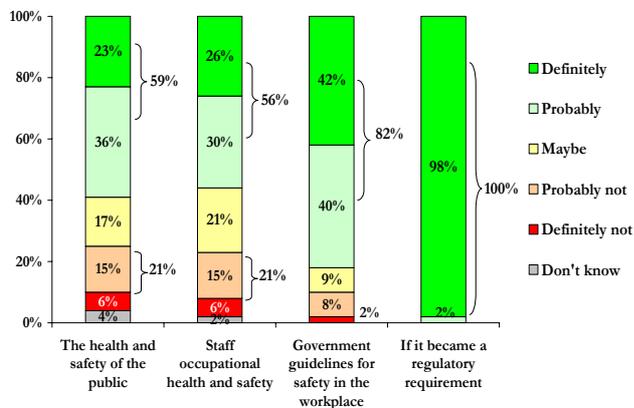
Managers were also asked if they would or would not (definitely or probably) invest in the installation of AED(s) under various scenarios (Figure 24). The overall ratings showed that:

- All managers indicated that their organisations would buy the AED(s) if it became a regulatory requirement (100%);
- Four in five managers (82%) would buy the AED(s) if it was included in Government guidelines for safety in the workplace; and
- Three in five managers (59%) would buy the AED(s) for the health and safety of the public; and staff occupational health and safety (56%)(similar to the response reported in Section 6.8.4.)

Only two managers reported that their organisation would *definitely not* invest in the installation of AED(s) if government funding was no longer available. Of all other 51 organisations, it was fairly evenly divided between organisations having an internal implementation team to manage the program (47%) and commissioning an external consultant to manage the program (45%) (Figure 25).

Figure 24: Drivers for self-funding AED(s)

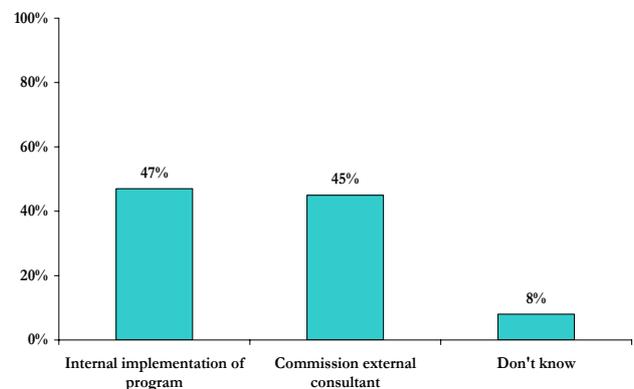
Q44. I am now going to read out a number of scenarios that may influence your organisations decision to buy, train staff and maintain AEDs. Do you think your organisation would spend (\$3,000 multiplied by no. of AEDs in Q11) on the initial purchase and training cost for the AED for <INSERT STATEMENT>. Would you say definitely, probably, maybe, probably not or definitely not?



Base: All managers (n=53)

Figure 25: Management of self-funded AED

Q46. Do you think that your organisation would have an internal implementation team to manage the program or that it would commission an external consultant to manage the program (for example, this could include having a program point of contact, medical direction, program maintenance, data management, development of protocols and response plans)?



Base: All managers (n=53)

One third of organisations had considered purchasing an AED prior to involvement in the Pad Demonstration. After being involved in the Project, half would consider purchasing an AED if government funding was no longer available.

Government guidelines for safety in the workplace were more likely to influence the purchase of AEDs for respondents, than general concerns about public health and safety.

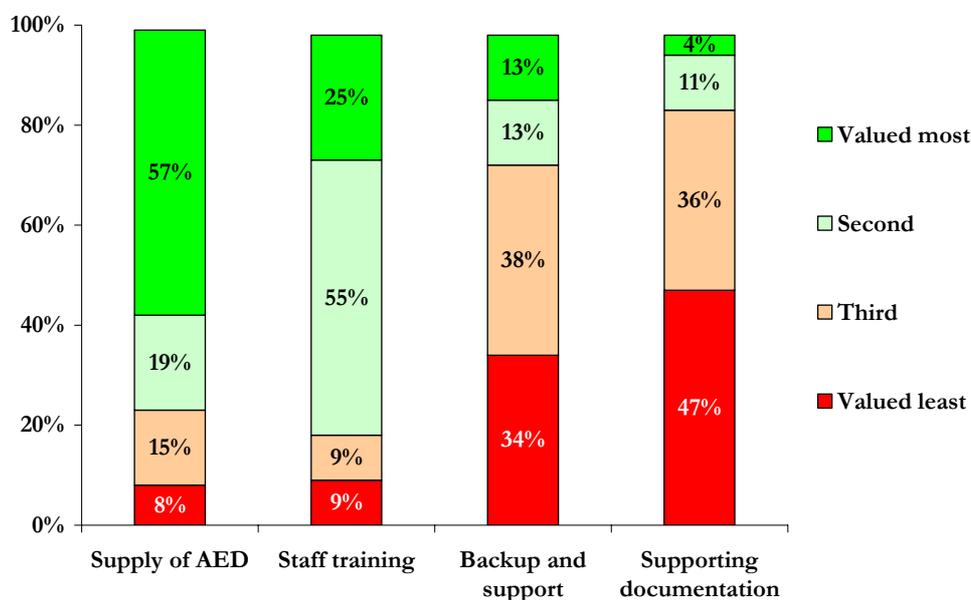
6.9.1 Perceived value of Pad Demonstration elements

The Pad Demonstration includes a number of elements (Figure 26). Over half (57%) of managers valued the supply of the free AED most highly. Staff training was the second most valued aspect of the project (25% ranked this the most important), followed by backup and support from St John and lastly supporting documentation (47% ranked this fourth)

The same pattern of response was found among the 53% of organisations that indicated that they would ‘definitely’ or ‘probably’ invest in AED implementation if government funding was no longer available: 57% ranked the supply of the AED most highly; 18% staff training; 21% the backup and support; and 4% considered the supporting documentation most valuable.

Figure 26: Ranking of key elements in Pad Demonstration

Q42. The PAD Demonstration Project includes a number of elements: the supply of the AED; staff training by St John; backup and support from St John; and provision of supporting documentation from St John (like brochures and posters). What do you value the most (RECORD 1) and the second (RECORD 2), third (RECORD 3) and what is of least value (RECORD 4)?



Base: All managers (n=53)

6.10 Suggested improvements to the Pad Demonstration

Managers

In general, managers expressed a high degree of satisfaction with the implementation of the Pad Demonstration. Any issues that may have been encountered in the initial implementation phases generally related to ‘red-tape’ within the host organisation rather than the implementation by St John:

I have to say we were pretty impressed with the whole process, there is not a lot that I would complain about, and it all went really smoothly. It's been here for over a year, we probably started working with St John 2 years ago, so as far as I can recall it was all fine

No - I can't fault them. They gave me a lot of support and allayed all our fears.

I can't fault the girl from St John in any way. The lady that did ours was absolutely brilliant, she chased us up, was continually on our back to hurry up and get it organized, so she was really good. We could probably have responded a little quicker (from head office) but from St John perspective it was perfect.

Some expressed a need to allay the fears of management and staff that an AED is safe to use and does not pose a health risk. The DVD was specifically mentioned as a useful resource for communicating the benefits of installation and was also suggested as useful tool for refreshers:

There are no issues from St John, it was more having or being able to communicate the ease of the system, and that it didn't pose a risk to our organisation - because people think defibrillators need to be used by highly trained people, we really need to put those myths to bed and get people up to date with the new technology.

There was a fear amongst management that someone could get hurt by the AED if it was played with - there were concerns as to how safe it would be. The DVD changed their opinion though - it showed that it was easy to use and wouldn't hurt anyone.

I do think that (organisation) should have a very simple to follow video explaining the device. I believe that we should have trained staff - and by that I mean staff who are given training (four times a year), just how to use the AED, because if you are only trained once a year you forget and get nervous.

A number of managers made suggestions for improvement to the training. This was perceived to be particularly relevant as time elapses and more host organisations have to ensure that an adequate number of staff is trained and re-trained:

- Reminders of the need for a refresher course and on-going training for new staff:

It has all been fairly straight forward but it would be good if they reminded you that on-going training was going to occur. Would also be if we could extend the training to other staff in our organisation. If it became an annual requirement, St John were excellent.

There was a lack of follow-up to ensure that there is additional training every 12 months to account for staff turnover.

- More flexible hours for training:

Given that our organisation works shifts, we couldn't get as many staff trained as we would've liked - we are not a 9 to 5 scenario so we are limited. St John needed to be more flexible.

- Reduce the cost of training, particularly for refresher courses:

Maybe St John could engage in a mass training course or refresher course (somewhere central) and free for all employees that have an AED.

The initial training was also very good. Just the cost of the on-going training was an issue. I think the refresher training could be made a bit cheaper.

Perhaps a theory by means of a DVD could be considered a refresher course. I am happy to purchase a training video without having to fork out thousands of dollars for training every year.

A few managers suggested more resource material being available including DVDs, pamphlets, information and programs for use by staff. Although it is known that this was provided, the resources may not have been used as effectively as possible.

A number of managers would have liked more follow-up after the initial installation to ensure everything was on track and they had all that they required, including accessories for the AED:

I think the follow-up could have been improved, the lead-up was very good, but what needs to happen is afterwards, say 3 months down the track, just ask how are things going, someone come out, perhaps more training, maintenance and replacing batteries.

I had to make several calls to St John to follow for all the accessories, I wasn't really clear what was required, it would be good to have some clear recommendations on what you need, and hand it all over as one package instead of just a defibrillator.

The only thing that I would query would be the addition of child pads to the AED, because that is an essential and we currently don't have any.

Staff

Trained staff were also satisfied with their involvement in the implementation process:

The truth is I don't think it could be improved much more, everything they taught us was fairly clear and concise, it's just a matter of if something happens, following the training that we have been given. Don't think I have any creative feedback to give. With the action plans that we put in place due to the training, it's all very relevant, informative, clear and concise. I was happy with the training and I thought it was very clear.

A few staff indicated that St John should use the model of the AED at their organisation during the training, and that without doing so had reduced their confidence to use the AED:

On our refresher course we had a different person do it and they brought in a different AED to the one we have, so I'm not entirely confident with the machine.

More training with the actual defibrillators that we've got...it's the same principles but it's different.

Their main comments for improvement related to the future and the need for refresher courses. Some staff implied that these courses should be initiated by St John, rather than it being the responsibility of management within the host organisation:

I think if there is any improvement it's in the ongoing part. So the initial training was really good but I think there should be an aspect of ongoing training involved because you forget how to use it.

That just depends. Are there any follow-up courses? I would want to ensure that there is a yearly refresher course for everyone who has got one.

Some sort of reminder to those that have done the course. Maybe an e-mail quarterly to remind us to refresh and how to use the AED.

Probably just to book refresher courses every year, like they could ring you every year and say you haven't had a refresher course on the defibrillator for 12 months so we need to come out and do another one.

6.11 Summary table of responses for overall opinion of the Pad Demonstration

Table 3: Overall opinion of the Pad Demonstration				
<i>Q39/Q78. Now, I would like to find out your overall opinion of the PAD Demonstration Project, do you agree or disagree, or neither agree nor disagree that</i>				
Statement	Manager (53)		Staff (59)	
	Strongly agree/ agree %	Strongly disagree/ disagree %	Strongly agree/ agree %	Strongly disagree/ disagree %
Having an AED in the organisation is important to me	100	0	95	2
My organisation is a suitable location for AED placement	98	2	98	2
Having an AED in the organisation is important for public safety	96	0	98	2
I am committed to the PAD Project	96	2	98	2
AED is easy to use	92	0	100	0
I would not hesitate to use the AED	91	6	97	3
Having an AED in the organisation is important for employee safety	89	2	95	3
Any untrained staff or member of the public could use an AED	79	14	78	19
Training is easy to understand	89	0		
Reasonable maintenance cost	83	2		
Reasonable on-going training costs	62	6		
I am pleased to be a responder for the AED			97	3
Management support my role as a 'first responder'			96	2
Clear procedures and plan of action are in place if there is an emergency			86	7
My knowledge is kept up-to-date with internal training as required			68	19
I had to take on additional work over and above what was expected			10	85