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Australia and New Zealand – Culture of Excellence

Building a Culture of Excellence: Working Collaboratively to Improve Cardiac Arrest Survival Across Countries, States and EMS Agencies in Australia and New Zealand

BRIEF BACKGROUND

In 2018, a Resuscitation Academy network event brought together leaders in cardiac arrest improvement across member organizations in Australia and New Zealand. At this event, representatives from St. John Western Australia, South Australian Ambulance Service, Ambulance Victoria, New South Wales Ambulance and St. John New Zealand formed an informal, collaborative team with the vision of sharing knowledge and experiences.

STEPS TAKEN

Launching a quality improvement program required an implementation process tailored to suit local needs. This created a platform for innovation and testing of new ideas, which each service progressed at different times.

One example was the development and implementation of high-performance CPR (HP-CPR). The modelling, resourcing, clinical clarification, training, equipment and change implementation were challenges not isolated to one service. Ongoing discussions enabled the sharing of ideas, rationales, resources and experiences that provided greater perspective and understanding of how to best achieve successful implementation.

A private social media group facilitated ongoing honest and transparent communication, and sharing of resources and local experiences throughout the development and implementation of programs to improve survival rates.

CHALLENGES

Each ambulance service has diverse geography, leadership, resources, clinical response, guidelines/protocols, skills, and level of autonomy.

Funding and resourcing for the development, implementation and training of staff is also considerably different between agencies. HP-CPR models are also quite varied, so resources and lessons were rarely directly transferable between agencies with significantly different geographical regions and workforce structures.

The biggest challenge, however, was to initiate the collaboration and find like-minded people in other agencies who were willing to share and willing to trust.

RESULTS

This multi-service collaboration has unquestionably benefited every member and their respective service. Questions posed to the group have quickly and consistently been responded to, with constructive opinion from a cohort of peers who understand the problems intimately. This has mitigated the risk of one service blindly proceeding with a strategy that has met challenges in other jurisdictions. It has also provided opportunities to promote and challenge thinking, empower innovation, and establish a vital support network.

The HP-CPR example highlights the positive effects of collaboration on enhancing the quality of the models that have been developed and implemented. The collaboration has strengthened the need to strive for excellence and high standards, and to build a culture of high-performance in our respective services. Cultivating this culture of excellence is fundamental to raising the standard of care, which is central to improving cardiac arrest outcomes across our region.

OUTLOOK

Although CAA members collaborate at a strategic level, this group formation and collaboration between services is unique and penetrates historical barriers. It highlights the opportunities for practical aspects of day-to-day excellence to be enhanced through collaborative communication. This group has inspired the formation of additional informal groups across other departments within our ambulance services. They recognize that if they do not work together, they risk remaining behind the rapidly shifting curve of success.

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