

Rautaki Whakapai Ake i te Whakaora Mai i te Manawa-Hē Cardiac Arrest Survival Improvement Strategy

He mahere i poua ki ngā whakaarotau
A priority-based project roadmap



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Kupu whakataki

Introduction

Kia kotahi te kaihoe i te waka, Kia ū ki uta
Only by rowing our canoe in unison will we reach our destination

Every day, around seven people are treated for an out-of-hospital cardiac arrest (OHCA) across the country. The overall survival rate is only 11% and we know from our benchmarking that we can do better than this. We also know that survival rates are inequitable for Māori and Pacific Peoples, who have a higher incidence of having a cardiac arrest, at a younger age, and a lower chance of survival. We are committed to reducing inequities in health outcomes for all.

Hato Hone St John is in the privileged position of being able to help improve survival through our work with communities and other organisations. We will continue to seek improvements in outcomes for our patients and their whānau, and this strategy will support all parts of our organisation to work toward achieving this common aim.

I am proud to have sponsored the development of this strategy and will be watching the implementation and outcome data closely to ensure we are focused on the things that will make a real difference.

DATOMIC

Damian Tomic

Deputy Chief Executive – Clinical Services

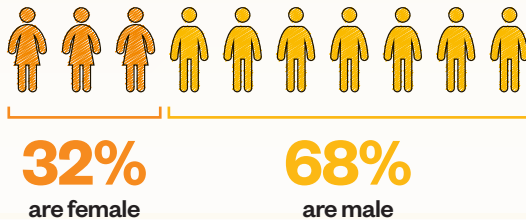


Ngā āhuatanga onāiane | The current picture

Incidence

7 people a day
are treated for
an out-of-hospital
cardiac arrest in
Aotearoa New Zealand
(more than 2,000 per year)¹

Gender¹



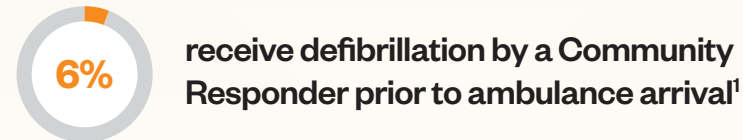
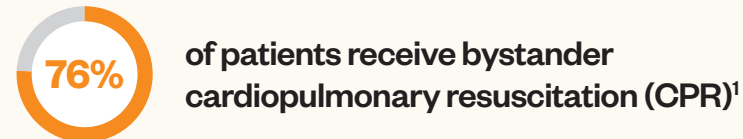
Incidence of cardiac arrest²

Māori and Pacific Peoples have
1.3x
higher incidence than non-Māori and
non-Pacific Peoples respectively

Median age³



Interventions



Our median ambulance response time is



9 minutes
in urban communities¹



11 minutes
in rural and remote communities¹



We train
140,000
people in CPR
and using a
defibrillator
each year

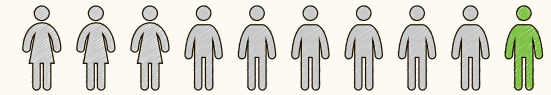


There are
12,500
GoodSAM responders
in New Zealand and they
attend around **19%**
of cardiac arrests¹



There are
8,000
defibrillators
registered in
New Zealand

Survival



Equity of survival

Māori have a
25% ↓
lower survival
than non-Māori⁴

Pacific Peoples have a
33% ↓
lower survival than
non-Pacific Peoples⁴

Females have a
32% ↓
lower survival
than males⁵

Rural patients have a
39% ↓
lower survival than patients
living in urban areas⁴

Factors that improve survival



GoodSAM

1.6x higher survival
with a GoodSAM
responder on scene⁴



2.4x higher survival
with bystander CPR⁴



2.7x higher survival
with community
defibrillation^{6,7}

References on page 20

Tō mātou wawata mō te whakaora mai i te manawa-hē

Our vision for cardiac arrest survival

To create an environment that ensures every person who has a cardiac arrest receives immediate and high-quality care, ultimately leading to a significant increase in survival and enhanced quality of life for survivors.

Our organisation's vision is Ko te Mana Ora ōrite | Enhanced health and wellbeing for all. Every day we are extending our work with all communities in Aotearoa New Zealand, focusing on equity to help everyone live healthier, happier and longer.

Our purpose – the passion that drives our people – is Ka whai tātou i te pikinga o te ora | To make life-changing differences with our communities. The area where together we can make one of the biggest life-changing differences is cardiac arrest survival.

Over 2,000 people each year are treated for cardiac arrest, and sadly only one in ten patients survive to 30 days after the event. The impact of a cardiac arrest on the individual, their whānau and their community is significant and long-lasting.

We will strive to do all we can to increase cardiac arrest survival, especially for those who experience the poorest outcomes today. We will do this by measuring and improving everything we do and working collaboratively to develop a joined-up, quality-led approach to cardiac arrest response that leads to improved and more equitable outcomes.



Rautaki Whakapai Ake i te Whakaora Mai i te Manawa-hē

Cardiac Arrest Survival Improvement Strategy

STRATEGIC PRIORITY ONE



Te āhei tautika ki ngā whakahihiko manawa me te whakangungu
Equitable access to defibrillators and training

Goal

Maximise bystander CPR and defibrillator use in all communities across Aotearoa New Zealand, especially those with the greatest need.

How we will achieve this

- 1 Increase awareness of cardiac arrest and build confidence to perform CPR and use a defibrillator, focusing on Māori and other communities that experience the highest levels of inequity.
- 2 Improve access to defibrillators in all communities.

STRATEGIC PRIORITY TWO



Urupare tōmua me te tautika a te pūnaha
Early and equitable system response

Goal

An all-of-system response where cardiac arrest is recognised early at the point of 111 call and the closest responder is dispatched or alerted to deliver life-saving CPR and defibrillation before the arrival of an emergency ambulance.

How we will achieve this

- 1 Improve early recognition of cardiac arrest from point of call to dispatch.
- 2 Increase the number of trained First Responders by growing the network of volunteer community responders and by partnering with relevant organisations, focusing on rural and remote areas.

STRATEGIC PRIORITY THREE



Manaaki ā-haumanu pai rawa
Excellent clinical care

Goal

All patients receive high-quality resuscitation.

How we will achieve this

- 1 Improve access to high-performance CPR training.
- 2 Continue to evaluate current practices in out-of-hospital cardiac arrest management and introduce new clinical interventions, where proven to increase survival.

STRATEGIC PRIORITY FOUR



Ka nui ake ngā whakatutukihanga mā te mahitahi
Achieving more through collaboration

Goal

Join with our communities and partners, and work together to achieve a shared goal of improved cardiac arrest survival.

How we will achieve this

- 1 Build strong partnerships.
- 2 Provide timely feedback to everyone involved in an OHCA.
- 3 Continue to maintain a cardiac arrest registry and use data and research to improve cardiac arrest survival outcomes, with a focus on equity.

Our vision is to create an environment that ensures every person who has a cardiac arrest receives immediate and high-quality care, ultimately leading to a significant increase in survival and enhanced quality of life for survivors.



Te āhei tautika ki ngā whakahihiko manawa me te whakangungu Equitable access to defibrillators and training

Goal

Maximise bystander CPR and defibrillator use in all communities across Aotearoa New Zealand, especially those with the greatest need.

Why this is important

Early access to defibrillation has the greatest impact on survival outcomes from cardiac arrest. For every minute that defibrillation is delayed, survival rates decrease by approximately 10%. Not all communities in Aotearoa New Zealand have equal access to defibrillators and people trained and confident to act in CPR. While our rates of bystander CPR are good at 76%, only 6% of patients receive defibrillation by a community responder before the ambulance arrives.

How we will achieve this

1. Increase awareness of cardiac arrest and build confidence to perform CPR and use a defibrillator, focusing on Māori and other communities that experience the highest levels of inequity.
2. Improve access to defibrillators in all communities.





Te āhei tautika ki ngā whakahihiko manawa me te whakangungu

Equitable access to defibrillators and training

What we're doing now	What we will do	Success measures
<ul style="list-style-type: none"> › Providing first aid training across the country › Significantly growing the size, reach and accessibility of our free, one-hour 3 Steps for Life training › Delivering CPR and defibrillator training to young people through our school and youth education programmes › Recognising young people who help save a life through our Super Saver programme › Promoting Shocktober, teaching over 10,000 people life-saving skills each October › Encouraging communities to install defibrillators locally › Participating in a trial providing ultraportable defibrillators to a group of GoodSAM responders, to facilitate quick defibrillation during a cardiac arrest 	<p>Priority – do first</p> <ul style="list-style-type: none"> › Identify communities that need defibrillators the most and establish where CPR training would have the most impact › Identify gaps in delivering culturally inclusive training and develop a plan to address them › Improve knowledge and accuracy of defibrillator locations and working status <p>Do next</p> <ul style="list-style-type: none"> › Reduce financial barriers to defibrillator access › Increase community access and visibility of defibrillators by addressing coverage gaps and establishing strategic partnerships › Provide opportunities for our staff and volunteers to learn how to do CPR and use a defibrillator, and encourage them to sign up as GoodSAM responders › Investigate the feasibility of equipping all GoodSAM responders with a defibrillator › Train more 3 Steps for Life educators through our rangatahi leadership programme and partner with Māori groups, to increase delivery in areas which aren't currently well served › Grow online CPR training and run CPR skills campaigns on social media › Research the barriers to performing CPR or using a defibrillator and investigate ways to address these 	<p>Key outcomes (All outcomes will incorporate a dedicated equity focus)</p> <ul style="list-style-type: none"> › Measure and increase the proportion of bystander-witnessed cardiac arrest patients who receive bystander CPR › Measure and improve the number of cardiac arrests witnessed by Emergency Medical Services (EMS) › Measure and increase the proportion of cardiac arrest patients in an initially shockable rhythm who receive bystander defibrillation prior to EMS / FENZ arrival. › Measure the impact on survival of community defibrillation prior to EMS / FENZ arrival › Measure the impact on survival of bystander CPR <p>Outputs</p> <ul style="list-style-type: none"> › Creation of a geographic guide identifying / ranking communities according to the need for defibrillators and community training › Initiate, measure and increase the number of 3 Steps for Life / CPR and defibrillator awareness courses delivered to Māori participants through a mana motuhake programme › A national defibrillator database is formed, and devices registered within the national database are accessible to Call Handlers, community members and GoodSAM responders › Our staff and volunteers have the confidence to perform CPR and use a defibrillator › Measure and increase the proportion of GoodSAM responders carrying a defibrillator › Measure and increase media reach. Indicate differences in reach by geographic area and type of audience engagement



Quick action with defibrillator saves boatie's life

Waimārama is a small, rural seaside town in the Hawke's Bay. Early in 2024, the town received a brand-new defibrillator or 'heart restarter', located at the holiday park and available to the public 24/7. The defibrillator was donated by the Royston Health Trust and facilitated by the Hato Hone St John Hawke's Bay Area Committee.

Starting CPR immediately and quickly applying the defibrillator will significantly increase a patient's chance of surviving a cardiac arrest.

Karem Hema, Director and Manager of the Waimārama Holiday Park and registered nurse at the Hawke's Bay District Health Board, says, "We're delighted that we were gifted this defibrillator and that it's available for use 24/7. I've got that extra bit of peace of mind, and so do our guests."

The town also has a public defibrillator available at the boat ramp, and last year it was put to good use when a man had a cardiac arrest while out fishing. Emma Sutherland, a local Hato Hone St John Critical Care Paramedic, was working from home when she heard the volunteer fire brigade tones. Soon after the fire truck went past, and she rushed down and waded into the water to help.

"His friends had dialled 111 and the Call Handler had directed them to grab the nearby defibrillator and start CPR," says Emma. "I applied it and shocked the patient, which restarted his heart."

"The patient was flown to hospital and survived. The easy accessibility of the defibrillator and quick action by bystanders no doubt contributed to this excellent outcome."





Urupare tōmua me te tautika a te pūnaha

Early and equitable system response

Goal

An all-of-system response where cardiac arrest is recognised early at the point of 111 call and the closest responders are dispatched or alerted to deliver life-saving CPR and defibrillation before the arrival of the emergency ambulance service.

Why this is important

Early recognition of cardiac arrest sets in motion a chain of events to alert community responders and dispatch an ambulance. FENZ are co-responded and attend 94% of cardiac arrests. Where a patient receives defibrillation by FENZ or a community responder they are approximately twice as likely to survive.

How we will achieve this

1. Improve early recognition of cardiac arrest from point of call to dispatch.
2. Increase the number of trained responders by growing the network of volunteer community responders and by partnering with relevant organisations, focusing on rural and remote areas.





Urupare tōmua me te tautika a te pūnaha

Early and equitable system response

What we're doing now	What we will do	Success measures
<ul style="list-style-type: none"> ▶ Activating rapid dispatch within 30 seconds or less for cardiac arrest ▶ Co-responding trained responder partners to cardiac arrests ▶ Providing telephone CPR instructions to 111 callers and directing the public to a defibrillator where possible ▶ Notifying GoodSAM responders of a nearby cardiac arrest via app ▶ Encouraging 3 Steps for Life and first aid training participants to sign up as GoodSAM responders ▶ We have lowered the threshold for becoming a GoodSAM responder to improve equity by making GoodSAM sign up more accessible to all ▶ Working with iwi in Kaikohe to develop a by Māori for Māori first response model – Te Manawaroa First Responders ▶ Collaborating with external researchers to identify barriers to calling an ambulance and seek to address them 	<p>Priority – do first</p> <ul style="list-style-type: none"> ▶ Introduce a quality assurance framework around timeliness and accuracy of recognising cardiac arrest ▶ Review the feasibility of using new technologies, for example artificial intelligence (AI), to support the early recognition of cardiac arrest ▶ Explore options for NZ Police co-response to cardiac arrest, especially in rural and remote areas ▶ Complete GoodSAM risk assessment to optimise the safety and wellbeing of responders <p>Do next</p> <ul style="list-style-type: none"> ▶ Research cultural and language barriers to identifying cardiac arrest at the point of 111 call and seek to address these ▶ Explore the development of an MOU between road and air ambulance providers for dispatch to cardiac arrest ▶ Create an all-of-organisation plan for improving GoodSAM growth and engagement ▶ Explore video connection between 111 Call Handlers and callers or GoodSAM responders for resuscitation coaching ▶ Review the internal and external systems that hold defibrillator location information and identify process improvements ▶ Optimise criteria for alerting GoodSAM responders ▶ Include measures and research around GoodSAM to evaluate the impact of our growing network of GoodSAM responders ▶ Work with like-minded organisations who are considering signing up their people to GoodSAM ▶ Better understand the barriers to becoming a GoodSAM responder in isolated and deprived communities and look for options to reduce these 	<p>Key outcomes (All outcomes will incorporate a dedicated equity focus)</p> <ul style="list-style-type: none"> ▶ Measure and improve the time from a 111 call being answered (call pick-up) to cardiac arrest recognition ▶ Measure and improve the accuracy (sensitivity and specificity) of recognition of cardiac arrest ▶ Measure and improve the proportion of cardiac arrest patients who have at least one GoodSAM responder on-scene prior to EMS / FENZ arrival ▶ Measure the impact on survival of GoodSAM responder attendance <p>Outputs</p> <ul style="list-style-type: none"> ▶ Ambulance Communications key outcome measures are included in the cardiac arrest registry ▶ Measure and improve the number of active GoodSAM responders ▶ An annual technical report is generated with a priority list of technological update requirements for optimisation of GoodSAM and funding is sought accordingly ▶ A community of GoodSAM responders is created through six-monthly newsletter updates and hosting at least an annual online forum



Volunteer community responder restarts a heart

Andrew Mumford had just finished walking the dog with his daughter at a park in Hamilton when he was alerted to a potential cardiac arrest nearby via the GoodSAM app on his phone. Andrew, who also works as a Hato Hone St John staff member and Ambulance Volunteer, knew how vital it was to respond immediately.

The family had called 111 and were following CPR instructions over the phone when he arrived on scene. "I carry a defibrillator in my van and so I attached it and delivered two shocks, which restarted the man's heart," says Andrew. "I was then able support the man's breathing and comfort his family until other emergency services arrived."

Within a few minutes a fire crew responded, immediately followed by an ambulance crew and Critical Care Paramedic. The person began to regain consciousness and was transported to Waikato Hospital for further treatment.

"It was great to be part of a response where all parts of the system were working so well together, from rapid dispatch, phone CPR instructions, GoodSAM and FENZ co-response, to ambulance with advanced life support, high-performance CPR and the use of advanced resuscitation techniques.

"There's no doubt that the GoodSAM app works, and I'm really privileged to support a service that makes such an impact for patients and their families."





Manaaki ā-haumanu pai rawa

Excellent clinical care

Goal

All patients receive high-quality resuscitation.

Why this is important

Cardiac arrest survival to 30 days is an important measure for an emergency ambulance service and an indicator of the quality of clinical care provided to patients. High-performance CPR is proven to significantly improve survival rates, but frequency of training is important to maintain skills.

How we will achieve this

1. Improve access to high-performance CPR training.
2. Continue to evaluate current practices in out-of-hospital cardiac arrest management and introduce new clinical interventions, where proven to increase survival.





Manaaki ā-haumanu pai rawa

Excellent clinical care

What we're doing now	What we will do	Success measures
<ul style="list-style-type: none"> › Performing the New Zealand specific model of high-performance CPR (HP-CPR), alongside FENZ colleagues › Using double sequential defibrillation where indicated › Rolling out new defibrillators in ambulance, which include feedback pads › Responding Critical Care Paramedics where feasible 	<p>Priority – do first</p> <ul style="list-style-type: none"> › Evaluate current practices in OHCA management › Increase the frequency of HP-CPR training › Explore the option of introducing cardiac arrest specialist clinicians in the Communications Centre to provide guidance to ambulance staff <p>Do next</p> <ul style="list-style-type: none"> › Introduce champions in each region to promote HP-CPR skill maintenance and training › Remedial coaching and re-evaluation in place for staff that do not achieve the required standard of HP-CPR during training › Work towards publishing data on the organisation's achievement of HP-CPR › Provide more training, education and treatment guidance for paramedics to enhance end-of-life decision-making and whānau support › Use current research on cardiac arrest centres to develop a cardiac arrest patient pathway › Before making any policy change regarding hospital destinations for cardiac arrest, explore the impact on the patient and their whānau including cultural considerations 	<p>Key outcomes (All outcomes will incorporate a dedicated equity focus)</p> <ul style="list-style-type: none"> › Measure and improve the quality of CPR delivered by EMS through analysis of defibrillator recordings › Compile a comprehensive annual list of current resuscitation techniques (e.g. double sequential defibrillation) for assessment. Evaluate adherence to guidelines and measure the impact of these practices on patient outcomes <p>Outputs</p> <ul style="list-style-type: none"> › Measure and improve participation in quarterly training for personnel in HP-CPR › Measure and improve the proportion of staff who are proficient in HP-CPR › Record all OHCA events using defibrillator monitors



Commitment to evidence-based care for our patients

Hato Hone St John is committed to improving patient outcomes for patients having a cardiac arrest through continuous review of our clinical practice, guided by quality research and recommendations from specialist groups, such as the Global Resuscitation Alliance and the American Heart Association. Examples of this include the introduction of high-performance CPR and double sequential defibrillation (DSD).

“We know that high-performance CPR is best practice around the world,” says Nicole Jones, Senior Clinical Support Officer – Projects. “Regular training alongside our colleagues at Fire and Emergency New Zealand helps us to keep our skills sharp. When we respond to a cardiac arrest we can work confidently together like a well-oiled machine so that the patient has the best chance of survival.”

Last year we introduced a pioneering practice – double sequential defibrillation – for a specific group of patients who do not respond well to traditional defibrillator placement. “Ambulance data across three years identified around 1,400 people who may benefit from this new intervention,” says Nicole. “Aotearoa New Zealand is only the second country after Canada to adopt this groundbreaking new procedure using two defibrillators. This will potentially improve survival rates for some patients, and we are optimistic that we’ll see evidence of this over time.”





Ka nui ake ngā whakatutukihanga mā te mahitahi

Achieving more through collaboration

Goal

Join with our communities and partners, and work together to achieve a shared goal of improved cardiac arrest survival.

Why this is important

We all have a role to play in different aspects of the chain of survival. By committing to improving cardiac arrest survival and working towards a shared vision, our impact will be greater.

How we will achieve this

1. Build strong partnerships.
2. Provide timely feedback to everyone involved in an OHCA.
3. Continue to maintain a cardiac arrest registry and use data and research to improve cardiac arrest survival outcomes, with a focus on equity.





Ka nui ake ngā whakatutukihanga mā te mahitahi

Achieving more through collaboration

What we're doing now	What we will do	Success measures
<ul style="list-style-type: none"> › Maintaining a cardiac arrest registry, publishing and promoting an annual OHCA report and using this data to determine trends and improve cardiac arrest outcomes › Working with external partners on research and initiatives to improve cardiac arrest survival › Using data, audit and research to inform training and protocols with evidence-based practice 	<p>Priority – do first</p> <ul style="list-style-type: none"> › Engage with key external stakeholders in the health system, charity sector, iwi Māori, emergency services and relevant community groups to establish plans to work together to improve cardiac arrest survival › Establish a working group and introduce an OHCA Coordinator to implement the survival improvement strategy and align and manage the portfolio of activities across the organisation › Benchmark our starting position and develop a robust suite of measures and targets › Recognise everyone involved in an OHCA and provide feedback, coaching and support, using data collected on scene <p>Do next</p> <ul style="list-style-type: none"> › Review data capture to improve evaluation and reporting and look for opportunities to share data with key partners › Assign responsibility, authority, and accountability to monitor and improve resuscitation performance › Explore defibrillator, audio or video recording of resuscitation to support clinical review and feedback › Build clinical research capacity with an equity focus › Explore the feasibility of connecting staff with survivors of cardiac arrest › Support the New Zealand Resuscitation Council who are engaging with the Ministry of Education to advocate for compulsory first aid training in schools › Advocate for legislation for mandatory placement of defibrillators in public buildings 	<p>Key outcomes (All outcomes will incorporate a dedicated equity focus)</p> <ul style="list-style-type: none"> › Strong partnerships in place with relevant organisations and work underway towards shared cardiac arrest objectives <p>Outputs</p> <ul style="list-style-type: none"> › Annual implementation plan in place to deliver the strategy › Measures and targets established and monitored › Identify and improve on the range of individuals engaged with following an OHCA, extending beyond ambulance personnel to include bystanders, community responders and other emergency services › Measure and increase the number of OHCA events reviewed with comprehensive feedback for each incident › Produce comprehensive annual OHCA registry reports › Produce an annual list of critical service factors (e.g. destination policies) and evidence-based clinical practices that enhance equitable survival rates. Monitor, track, and publish progress towards their implementation in Aotearoa New Zealand



One team, one dream

Every year in October people from all parts of our organisation and all corners of Aotearoa New Zealand are focused on one goal – to teach as many people as possible how to help when someone is in cardiac arrest.

The annual Shocktober campaign sees communities everywhere hosting free 3 Steps for Life sessions, equipping people to call 111, start CPR and use a defibrillator.

On 1 October 2023, we set off on the Heartbeat Highway tour, aiming to reach more rural and isolated communities, starting on Stewart Island at the very bottom of New Zealand and ending in the Far North in Kaitiāia a month later.

“We aimed to teach 10,000 people and we far exceeded our goal, with more than 17,500 people equipped with essential lifesaving skills,” says National Community Education Manager Jacqui Tatnell. “I’m so grateful for our partners, volunteers, educators, trainers, Area Committees, ambulance staff and Youth members, who got out into their communities and empowered people with skills that may well save a life. We couldn’t have done it if we didn’t work together as one team.”



Te whakatinana i te rautaki Implementing the strategy

To achieve our vision of improving survival from cardiac arrest, we will work together to create a plan to implement the initiatives outlined in this strategy.

Phase 1 – Continue and explore	Phase 2 – Focus on key priorities	Phase 3 – Expand and innovate
Keep doing the things we are already doing well and explore and plan some of the new initiatives so that we are ready to implement them in phases 2 and 3. Where required, we will seek funding and partnerships.	Implement the things that we think will have the biggest impact on cardiac arrest survival first (Priority – do first).	Grow the reach of our activities and continue to introduce new initiatives that will improve cardiac arrest outcomes (Do next).



Page 4 references

1. Data from 1 July 2022 – 30 June 2023 2. Data from 1 July 2022 – 30 June 2023, populations estimates from Te Whatu Ora populations web tool 3. Data from 1 July 2019 – 30 June 2023 4. Adjusted odds ratio, adjusted for sex and age. Data 1 July 2019 to 30 June 2023. Excludes arrests witnessed by ambulance crew and events where resuscitation was not attempted 5. Adjusted odds ratio, adjusted for age. Data 1 July 2019 to 30 June 2023. Excludes arrests witnessed by ambulance crew and events where resuscitation was not attempted 6. Adjusted odds ratio, adjusted for sex and age. Data 1 July 2019 to 30 June 2023. Excludes arrests witnessed by ambulance crew, events where resuscitation was not attempted, and events with a non-shockable initial rhythm 7. Community defibrillation defined as defibrillation performed by a member of the public, GoodSAM responder, Police, doctor, nurse, lifeguard etc. Excludes defibrillation by FENZ, ambulance, and first responders.

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**Hato Hone
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