

Tracy Schuurman

From: Harvey White (ADHB) [HarveyW@adhb.govt.nz]
Sent: Friday, 24 June 2011 3:22 p.m.
To: 'jenny@asiapacificpartners.co.nz'
Subject: FW: AED's
Attachments: AED Listener_Article_Vol 226_Issue 3685.pdf; AED_Listener_Article_Vol 227_Issue 3677.pdf; AEDS_VS item.pdf; Sub_ParliaComAEDs_final.pdf; LoD.PDF

Importance: High

Dear Jenny, it was lovely to catch up last night and to discuss my AED initiative whereby I would like automated external defibrillators (AEDs) to be available throughout New Zealand. I appreciate your suggestion to write to Rotary clubs.

AEDs can make a big difference every day in saving lives of victims of sudden cardiac arrest. This also impacts on families and New Zealand communities. Too many Kiwi lives are being lost for want of a relatively inexpensive and simple to use piece of equipment.

In New Zealand there are about 900 AEDs but I would like there to be about 10 000.

Support is not required to buy AEDs, about \$4000.00, but to motivate community groups to buy them. I have set up a Trust called "Start a Heart" to facilitate this process.

Background

The AED is a computerised medical device. An AED can check a person's heart rhythm. It can recognise a rhythm that requires a shock and it can advise the rescuer when a shock is needed. The AED uses voice prompts, lights and text messages to tell the rescuer the steps to take.

AEDs are able to give short shocks across the heart to revert the abnormal heart rhythm to normal. Lay people with no training can use an AED and this is supported by the American heart Association. "These hearts are too good to die". Often there may only be a small heart attack with only minimal damage and following appropriate treatment in hospital many of the individuals suffering a heart attack may return to work and normal activities with normal life expectancies.

Currently there are no AEDs at Auckland International Airport, Sky City Casino, the Ferry Building, Eden Park, or in rapid response police cars

AEDs have been made available for many years. In Chicago O'Hare airport 70 AEDs were placed in 1999 and over a two year period survival from cardiac arrest increased from 1.8% to 61%. Between 2000 and 2006 36 lives were saved with automated defibrillators. Heathrow has 96 AEDs and Honolulu has 60.

In areas where cardiac arrests are likely to happen ie where there are large numbers of the public or coronary prone people the cost-per QALY saved is US \$33,000 whereas for shopping malls the cost-per QALY saved is estimated to be >US \$50,000.

For every minute lost after a cardiac arrest the chances of survival decrease by 10%. The average ambulance response time to a cardiac arrest is 12.9 minutes. There are indications that response times may be lengthening. The response time is challenging with increasing traffic. Use of an AED prior to an ambulance arriving increases the chance of a person surviving cardiac arrest from approximately 7% to approximately 30%. Better recovery of brain function is related to shorter delays.

There are approximately 1500 primary cardiac arrests (that is – due to a heart problem) outside of hospital in New Zealand each year.

I believe AEDs should be available in all Government buildings, transport centres (Airports, Ferry Buildings, Railway stations), Convention Centres and Sports Grounds, including "Party Central", Casinos, Highway Patrols, and City Traffic Cars, Gyms, Schools, Churches, Shopping Malls, Banks, and Service Stations. They should be in every major building, General Practices, Dental Surgeries, etc.

This initiative is not in competition to the excellent service provide by St John but is meant to complement their rapid response which is sometimes challenging due to traffic and other circumstances beyond their control.

I presented to the Parliamentary sub committee chaired by Dr Paul Hutchison (attached) which stated that 'the Health ministry supports the introduction of AEDS in locations that a lot of people visit, like Airports, transport terminals, and casinos, including those that a lot of high-risk people visit, like large health centres' and that 'the Health Committee recommended to the Government that it works towards installing AEDs in community areas that fit the Ministry of Health's criteria.'

As a separate initiative I am chairing a group to develop a National grid of where AEDs are situated, which it is hoped will be connected to the emergency services.

I hope this information is helpful

I enclose some recent articles in the New Zealand Listener.

With best personal regards,
Harvey

Regards,

Professor Harvey White

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La'auli (matai); Prince Mahidol Laureate; John Neutze Scholar

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