



## AUSTRALIAN RESUSCITATION COUNCIL

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# 27th ANNUAL REPORT

It is with considerable pleasure that I present the Annual Report for the 2002/2003 financial year.

During the past 12 months the ongoing activities of Council continue to play a significant role within the resuscitation community, both nationally and internationally. While there is still much to do to improve outcomes in those requiring resuscitation, much has also been achieved. Accordingly, I would like to momentarily reflect on some of the achievements of Council in the last year.

### ARC GUIDELINES

Of significance is the explicit move towards establishing a transparent evidence based framework on which resuscitation guidelines are developed. Such a move is cogent with the health care industry nationally and internationally and is endorsed by the National Health and Medical Research Council. For the ARC, this has meant changes in the way we do business. Firstly, you will have noted that ARC policies are now referred to as "GUIDELINES". The rationale being is that the ARC produces what it collectively considers best care on which practitioners at all levels are able to implement within their specific setting. Secondly, ARC guidelines will be accompanied by a notation as to the best level of evidence on which the guideline was based. Finally, each guideline will have a Treatment Recommendation". Further information regarding these changes can be found on the ARC website.

The move towards the evidence based approach undertaken by the ARC is very much consistent within the international resuscitation community. The ARC, along with our colleagues in the New Zealand Resuscitation Council, remains an integral part of the International Liaison Committee on Resuscitation (ILCOR). Work has now begun through ILCOR to develop Guidelines 2006, the next revision of the International Consensus on Resuscitation Science published in October 2000.

It cannot be understated the importance of early defibrillation as a key determinant of survival in cardiac arrest in adults. To this end the ARC has also been active in a number of initiatives addressing this concept. In December of 2002, the ARC was part of a consultative group convened by the Commonwealth Department of Health and Aging, to develop a National Public Access to Defibrillation Statement. This statement, to be known as the "Eclipse Statement" will be released in the near future and emphasize the importance of "Early Defibrillation" in the community. Furthermore, in collaboration with St John Ambulance and the Heart Foundation of Australia we have also developed a joint statement outlining the importance of early defibrillation. Notwithstanding all mentioned above, the ARC has reviewed and disseminated a number of other important resuscitation guidelines during the year.

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The ARC has also sought to enhance its profile in general. Not only with the resuscitation community but also within State and Commonwealth Governments. The ARC has met and has now established links with the Commonwealth Chief Medical Officer, National Health Priority Action Committee and Cardiovascular Disease Group. For the first time, Commonwealth Health Agencies are seeking input from the ARC.

While it is useful to review the past year it is important to focus on the activities for the next year and beyond. It is clearly evident that the ARC will continue in developing the framework on which evidence based resuscitation guidelines are developed. This will require considerable effort on the part of those involved as the process is both comprehensive and time consuming. Nevertheless, the purpose, credibility and relevance of the ARC as the peak authority on resuscitation issues depends on the Council being able to effectively evaluate the resuscitation science.

The ARC will also need to continue with its ILCOR commitments. This is an essential process in which the international resuscitation community has the opportunity to share knowledge, ideas and common science. This truly benefits the activities of Council and we are considered significant contributors within the international resuscitation community. However it needs to be understood that this involvement places some strain on the finances of Council.

While much of Councils activity has focused on scientific issues, it has become apparent that we need to review other aspects surrounding the functioning of Council. To this end we have commenced a process of reviewing the corporate functioning of the ARC. There is little doubt that the long term viability of the ARC will depend upon Council being able to establish and implement an appropriate business plan.

## **THANK YOU**

To conclude, it would remiss of me not to thank those who continue to support the ARC. To my colleagues on Council and the in particular, the ARC executive, all who voluntarily give of their time to make it all happen, a big THANK YOU!! The ARC is also grateful to our sponsors and subscribers who provide so much ongoing support. Finally, a sincere thank you to Carol Carey, our Executive Officer, whose commitment and efforts to Council are outstanding. The next 12 months promises to be busy and challenging. As Chairman I am duly honoured and enthusiastic to be leading the ARC during such a period.



**Associate Professor Ian Jacobs**  
**National Chairman**

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