



Ambulance Service Papua New Guinea



Activity Report Ambulance Service

THIRD QUARTER
01 JULY – 30 SEPTEMBER 2023

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Introduction

SJA's role as an ambulance service: St John Ambulance (SJA) is a Papua New Guinean civil defence charity that proudly provides the PNG's primary emergency ambulance service on behalf of the Government. SJA's team prides itself on saving lives and helping Papua New Guineans and visitors with emergency medical care 24 Hours, 7 days a week, and 365 days a year.

Funding: SJA is funded by the government and SJA's own community fundraising. The national treasury funds the operating costs for the national ambulance 111 operations centre, administration, and management functions. Provincial governments fund the staffing and operating costs for ambulance services in their respective provinces. Other sources of revenue for SJA include fees paid by private patients and non-citizens, memberships, and direct donations. SJA raises around PGK 3.8m through teaching first aid to workplaces and from selling first aid kits – 100% of this revenue supplements the government funding for the ambulance service.

Reporting period: This document reports the activity of the ambulance service for the period of Quarter 3 (01 July 2023 until 30 September 2023). Activities are described by their clinical, demographical, and geographical characteristics in all provinces that St John Ambulance operates.

Summary of Q3 2023

Incidents attended and distance covered

Incidents	Same period last year	Last quarter	This quarter	% increase/dec rease
Emergencies	5,789	6,771	7,052	+4.15%
Patients assisted (eMR)*	-	4,906	5,191	+6%
Distance covered (km)	273,559	243,767	295,933	+22%
Patient satisfaction score	-	98%	100%	+2%
Caller satisfaction	-	92%	81%	-11%



National Level Time-Based Operational Performance Measures

Category:	Priority 1A		Priority 1B & 1C		All other priorities P2, P3, P4, P5, P6	
Urgency:	Critical		Urgent		Non-urgent	
Timing:	Target	Q3	Target	Q3	Target	Q3
Dispatch time (median)	3 minutes	3 mins 9 secs	3 minutes	11 mins 52 secs	Case dependent	18 mins 10 secs
Response time (median)	12 minutes	15 mins 26 secs	15 minutes	40 mins 10 secs	Case dependent	63 mins 42 secs
Scene time (median)	30 minutes	20 mins 40 secs	30 minutes	19 mins 27 secs	Case dependent	17 mins 35 secs
Overall Case time (median)	1 hr 15 min	1 hr 15 mins	2 hours	1 hr 34 mins	Case dependent	2 hr 3 mins

Response times greater than the target are attributable to distance and geography between station and the patient location, and whether an ambulance was available at time of call.

Resourcing

The table below indicates the number of crews available in each province at any one time:

24-hour resources	NCD	Morobe	ENB	Central	Total
Advanced Life Support	1	-	-	-	1
Basic Life Support	5	1	1	-	7
Reservist	-	-	-	2	2
Total	6	1	1	2	10

On-call resources	NCD	Morobe	ENB	Central	Total
Reservist	-	-	-	4	4
Advanced Life Support	1	1	1	-	3
Paramedic	3	-	-	-	3
Doctor	1	-	-	-	1
Command	3	-	-	-	3
Total	8	1	1	4	14



The number of operational and corporate staff in each province is summarised below. The workforce figures represent staffing as at 30 September 2023:

Province	NCD	Central	Morobe	Kokopo	Total
Clinical staff					
RAO	9	-	-	2	11
RAD	-	4	-	-	4
AO2	4	-	1	2	7
TAO	16	-	1	-	17
QAO	28	-	5	4	37
EMT	1	-	-	-	1
Ambulance Nurse	2	-	-	-	2
Ambulance HEO	-	-	-	-	-
Paramedic (incl management)	9	-	-	-	9
RAMO (medical officer)	1	-	-	-	1
RAN (nursing officer)	3	-	1	-	4
RAHEO	1	-	-	-	1
RN - clinical projects	-	-	-	-	-
HEO - clinical projects	2	-	-	-	2
Support Services Staff					
Fleet & Maintenance	5	-	-	-	6
Service Planning	5	-	-	-	5
All Other	29	-	-	-	29
HQ staff					
Finance	6	-	-	-	6
People Workforce & Culture	6	-	-	-	6
Office of CEO	11	-	-	-	11
Enterprise & Education	14	-	-	-	14
Clinical	12	-	-	-	12
Total	164	4	8	8	184
Ambulance staff with leadership qualifications	LEAP:	15	L&M:	12	

Education courses that have taken place including for AME:

- Number of Students currently enrolled in the TAO course at ASTA as at the last day of the quarter - **Nil**



We Save Lives – St John Ambulance



‘Centralised Ambulance Coordination helps Lifesaving efforts in Central Province

Every day, St John Ambulance Papua New Guinea attends to calls for assistance spanning multiple provinces. Our operations involve dispatching ambulances to over 22,000 emergency calls every year.

The crucial aspect contributing to St John’s efficacy lies in our unified system, consisting of a single contact number and a central coordination hub. This approach ensures that every province equipped with the SJA emergency ambulance service utilises a consistent hotline, while a single operations centre oversees and coordinates all emergency ambulance activities. A single number, central hub, and unified response not only enhances overall efficiency for every kind of government funding but provides greater dependability and reassurance for patients.

One of countless examples where the St John 24hr emergency operations centre helped save a life was a recent medevac from Tapini, Central Province. Alice Simon’s Journey from the brink of death to a remarkable recovery is a story of hope, resilience and the dedication of health workers and coordinated emergency ambulance and medevac services available in Central Province.

In the remote reaches of PNG where accessing healthcare can be a challenge, Alice, a 35-year-old mother of seven, managed to muster a faint smile and a nod of gratitude as she looked at St John specialist flight nurse Idana Enai in the helicopter that would take her to the specialised medical care she so desperately required.

Alice had a miscarriage and was having severe bleeding. Alice’s was in a state of hypovolaemic shock – a critical condition that can occur when there is a substantial loss of blood. The lack of blood volume means the body can’t get blood to all vital organs. Prompt management and resuscitation is essential. Health workers had to act quick to stop the bleeding and try to resuscitate her. She needed blood.

Given the severity of Alice’s condition, the Catholic Health Services doctor at the Weifa Sub-District Hospital in Bereina requested help from St John through the Central Provincial Health Authority. Staff at the health centre were providing treatment available to them at the clinic, but Alice needed advanced treatment only available at the national referral hospital in Port Moresby.

“We were able to resuscitate her, and she regained consciousness but the active bleeding persisted,” OIC Baimo said. “We administered medicine to try stop the bleeding... but she needed more advanced specialised care”

Central PHA contacted the St John ambulance operations centre and requested an urgent medical evacuation by air. The National Ambulance Operations Centre (NAOC) swung into action to coordinate a specialist aeromedical nurse, equipment and importantly an aircraft to retrieve the mother and get her safely to the national referral hospital. Responding on the medevac helicopter was St John flight nurse Idana Enai. She had experience with many medevac missions to Tapini, each laden with their own unique set of challenges.

Before taking off, Idana reviewed the patient’s referral notes and ensured that all necessary supplies and equipment was on hand to manage the patient during the flight back to Port Moresby. Throughout the 1 hour and 30-minute flight, Alice received intravenous resuscitative fluids via an infusion pump, and other medicines to prevent nausea and vomiting. Once the medevac helicopter touched-down at Jacksons Airport (POM), Alice was transferred to a waiting St John ambulance and taken to the national referral hospital (PMGH).

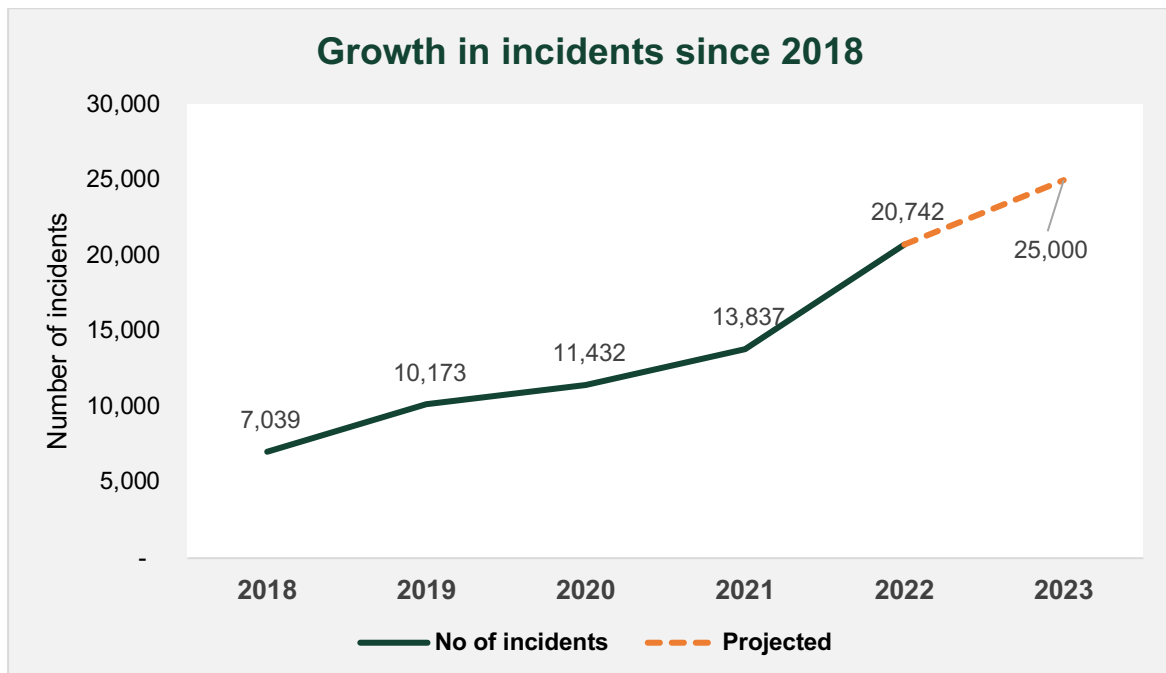
The NAOC ensured relatively seamless coordination between the referring health facility, central province health authority, the national referral hospital and the medevac team, making sure that Alice received the critical assistance she urgently needed.

This lifesaving air medevac was made possible because of a generous donation from a leading PNG organisation and supporter. Having funding immediately available for such missions means St John can use its own donation account to approve the air medevac immediately, and doesn’t have to wait for the helicopter company to be guaranteed payment by the provincial government. This swift action ensures timely assistance in life-saving situations. Tapini Health Centre, under the Diocese of Bereina and run by Catholic Health Services, stands as the primary healthcare facility serving the Goilala District. It operates with a dedicated team consisting of five community health workers and three nursing officers.

NATIONAL PERFORMANCE

Emergency Incident Growth

The graph above indicates the total incidents responded to since 2018. In Quarter 2 of 2020, SJA Ambulance started opening new ambulance stations in regional centres, beginning with a station opening in East New Britain. This expansion is reflected in the increase in incidents and is expected to continue into 2023.

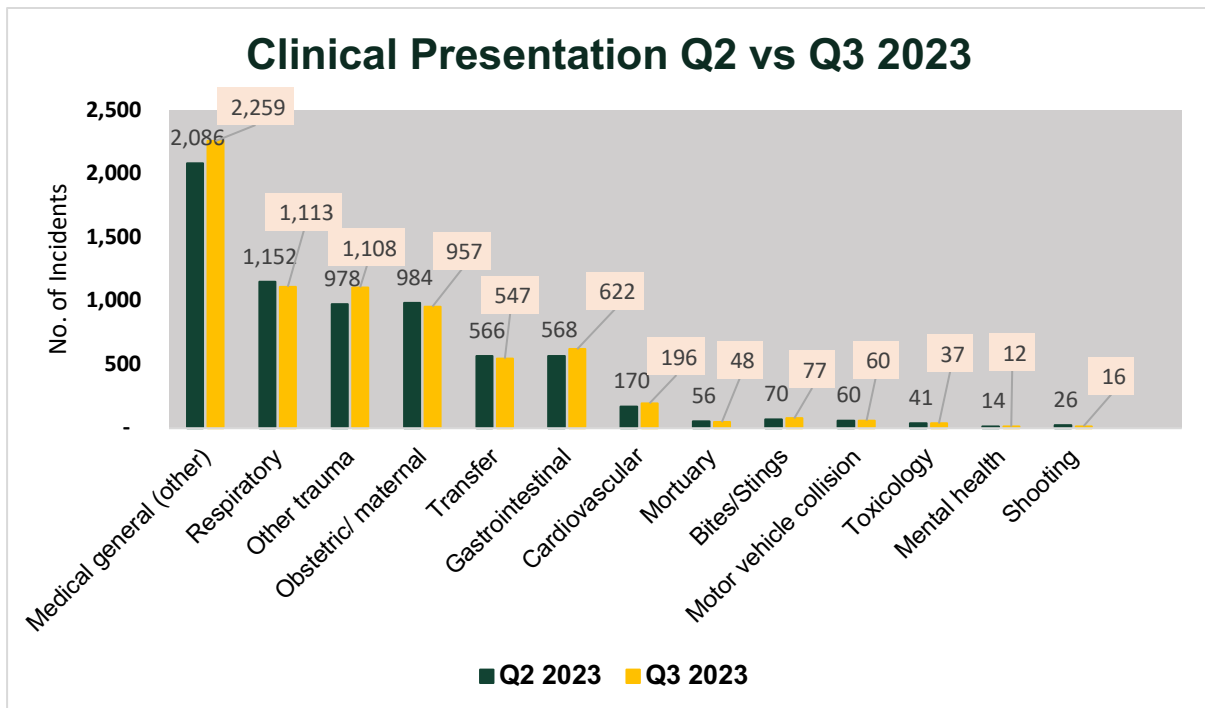




Incidents by Clinical Presentation (Medical Problem)

During the reporting period, SJA attended to **7,052** incidents. This is an increase of 864 incidents compared to Q2 2023.

The graph below shows the type of clinical presentation and the total number of incidents attended to this quarter.





Clinical Presentation	Q2 2023	Q3 2023	Change Q3 vs Q2 (number)	Change Q3 vs Q2 (%)	2023 YTD
Bites/Stings	70	77	7	10%	217
Cardiovascular	170	196	26	15%	510
Gastrointestinal	568	622	54	10%	1,770
Infectious disease	-	-	-	-	1
Medical general (other)	2,086	2,259	173	8%	6,135
Mental health	14	12	-2	-14%	36
Mortuary	56	48	-8	-14%	179
Motor vehicle collision	60	60	-	0%	174
Obstetric/ maternal	984	957	-27	-3%	2,765
Other trauma	978	1,108	130	13%	2,996
Respiratory	1,152	1,113	-39	-3%	3,229
Shooting	26	16	-10	-38%	49
Toxicology	41	37	-4	-10%	121
Transfer	566	547	-19	-3%	1,829
Total	6,771	7,052	281	4%	20,011

CEO's analysis

When comparing Q2 2023 to Q3 2023, SJA has seen a 4% increase in emergency incidents.

The largest group of clinical presentations for this period are classified as general medical issues, making up 32% of all incidents. These are cases such as sick person, diabetic, headache, seizure, stroke, unconscious and back pain. Since the second quarter of 2023, general medical presentations have increased 8%.

Trauma cases (shooting, motor vehicle collision, toxicology and other trauma) have increased by 13%. Trauma made up 16% of the total incident workload.

Obstetric and respiratory cases made up 14% and 16% of all incidents, respectively, for this quarter.

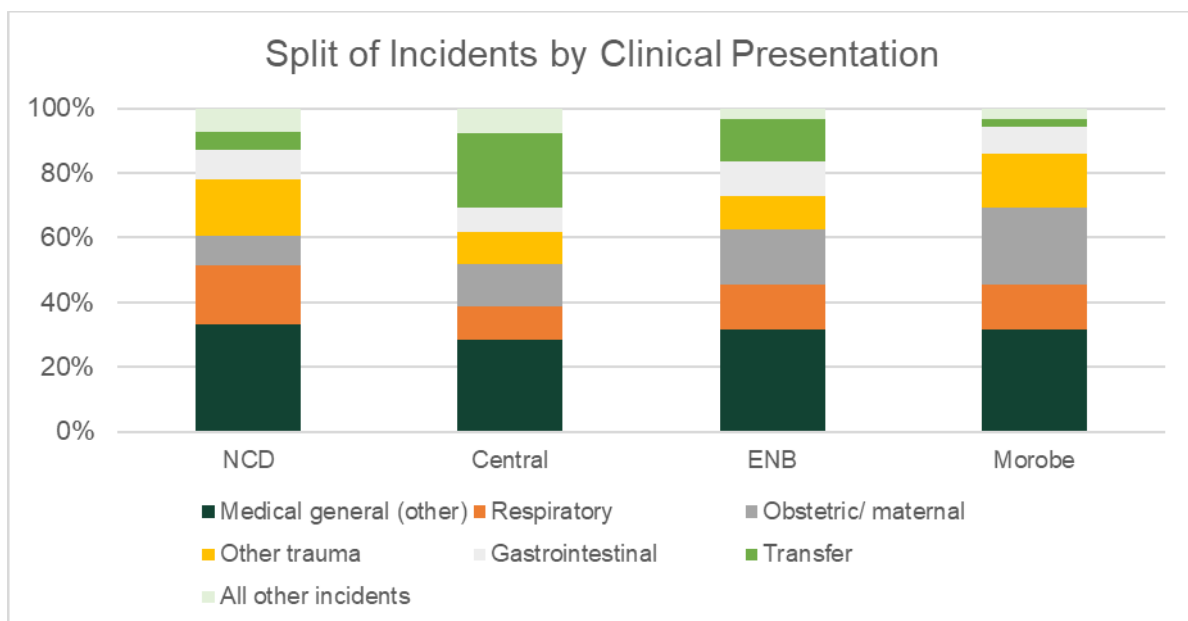


Incidents by Province and Clinical Presentation

The table below indicates incidents by province and clinical presentation:

Clinical Presentation	NCD	Central	ENB	Morobe	Simbu	Q3 Total
Bites/Stings	26	44		7		77
Cardiovascular	127	29	6	34		196
Gastrointestinal	358	82	38	142	2	622
Medical gen'l (other)	1,289	313	110	529	18	2,259
Mental health	11	1				12
Mortuary	39	4	1	4		48
Motor vehicle collision	53	3		3	1	60
Obstetric/ maternal	353	144	59	398	3	957
Other trauma	680	109	36	282	1	1,108
Respiratory	715	114	48	234	2	1,113
Shooting	13	1		2		16
Toxicology	20	4	4	9		37
Transfer	215	251	46	34	1	547
Total	3,899	1,099	348	1,678	28	7,052

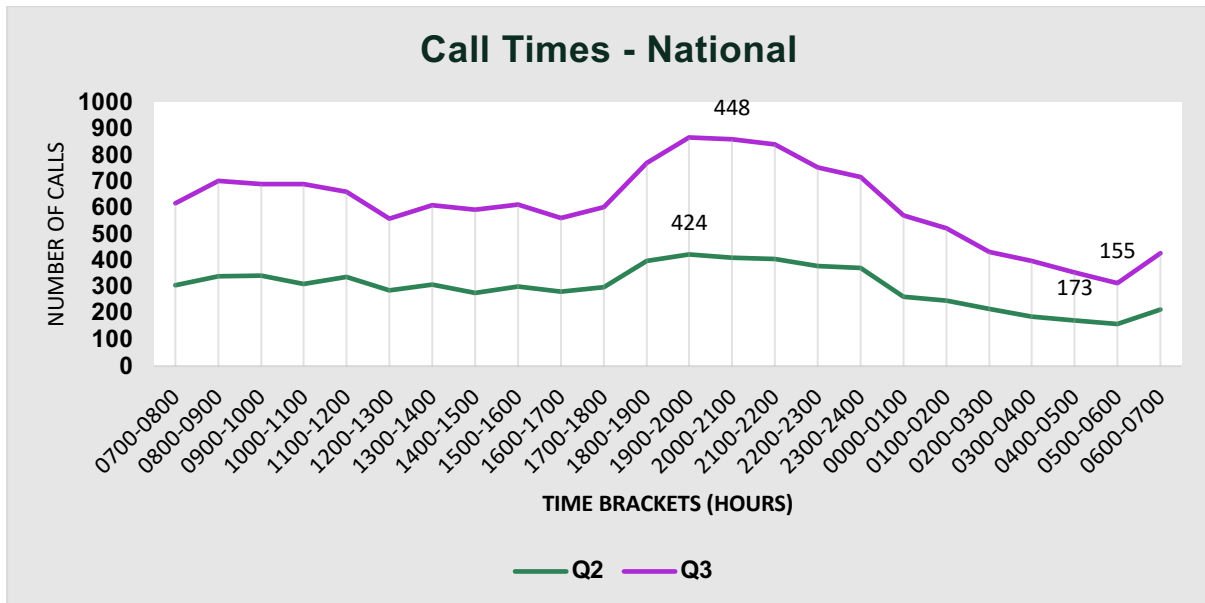
The split of clinical presentations varies by province. For example, obstetric/maternal cases are 24% of the workload in Morobe (vs average 14% in other provinces). Transfers ranged between 4% of incidents (Morobe) and 23% of incidents (Central).





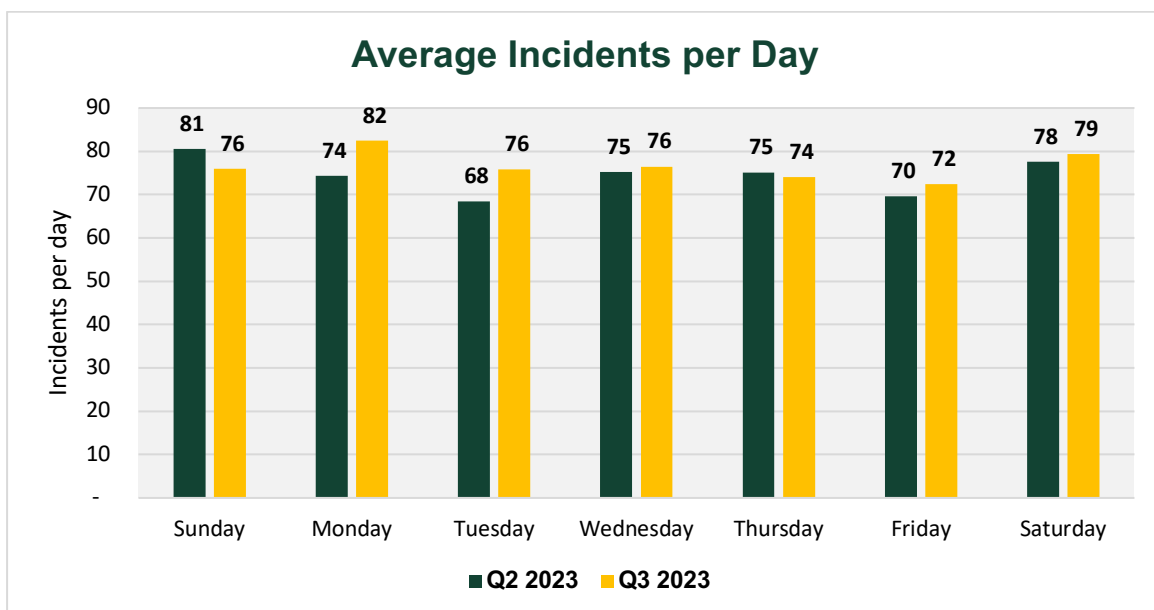
Peak call periods

We keep track of the times at which calls for help are received. For quarter 3, the busiest time when calls for help are received is between **20:00 - 21:00 PM** with a total of 448 calls, while the least number of calls received is between **05:00 – 06:00 AM** with a total of 155 calls.



Average calls per day

The graph below indicates the average number of calls responded to per day in quarter 3 in comparison to Q2 2023. The busiest day this quarter is **Monday** and the quietest day is **Friday**.





Median response performance by priority

The response time of the ambulance services is an elemental factor for prehospital care to be successful and, therefore, must be controlled to increase the chances of survival.

Calls to 111 are assessed and triaged by SJA call-takers. The call-taker uses a computer-aided dispatch system to ask scripted questions. The computer automatically determines the priority based on the answers the caller gives to the scripted questions. Higher priority is automatically given according to the patient's level of consciousness and respiratory status.



Incidents are responded to in order of priority and availability of ambulances. Category 1A is the highest priority and category 8 is the lowest.

The time to reach a patient can be affected by many factors. Some factors are relatively within SJA's control, such as how long it takes to handle the call (call handling time) and how long it takes an ambulance crew to go from the station to their ambulance. Other times cannot easily be controlled by SJA, such as the distance from the station to the patient's location, and the difficulty of the terrain.

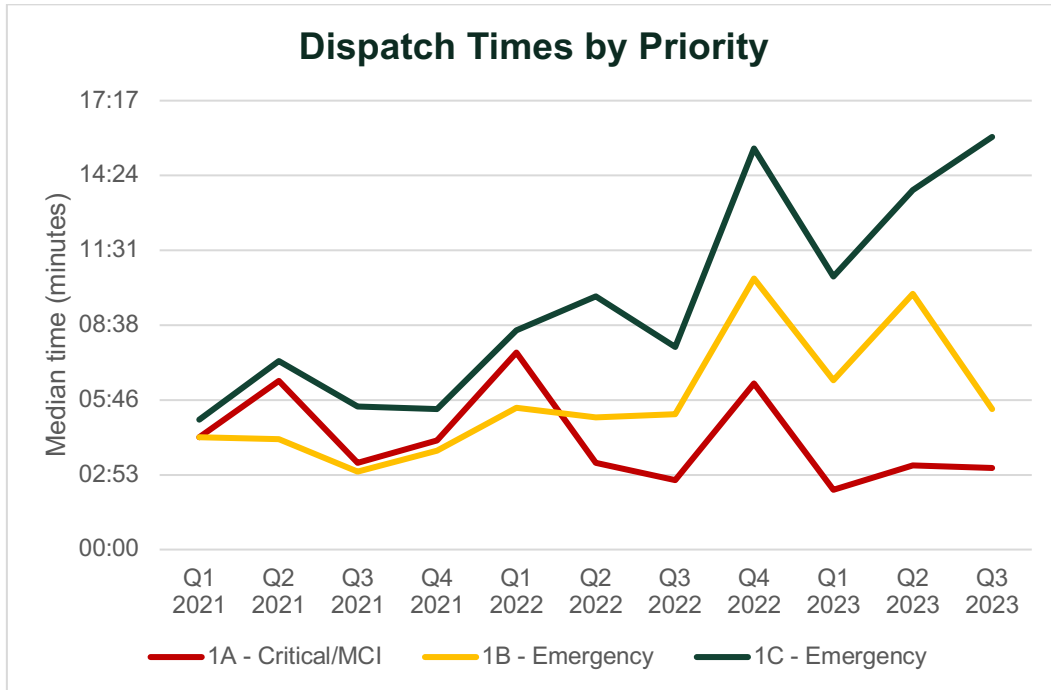
Dispatch Time

'Dispatch time' is defined as the time between when the call-taker first receives the call about a case and the dispatcher tasks an ambulance crew to attend the case by sending a message to the crew (usually by radio or pager). The median dispatch time in each province is show in the table below.

In NCD, dispatch time for critical incidents was below target, and close to target in all other regions except Central. In central, dispatch times were extended because SJA ambulances were not available at time of call.

Category	Priority 1A		Priority 1B & 1C		All other priorities P2, P3, P4, P5, P6	
Urgency	Critical		Urgent		Non-urgent	
Timing	Target	Q3	Target	Q3	Target	Q3
NCD	3 minutes	2 mins 44 secs	3 minutes	8 mins 57 secs	Case dependent	18 mins 10 secs
Central	3 minutes	3 mins 15 secs	3 minutes	15 mins 51 secs	Case dependent	37 mins 16 secs
Morobe	3 minutes	4 mins 31 secs	3 minutes	26 mins 17 secs	Case dependent	44 mins 28 secs
East New Britain	3 minutes	-	3 minutes	14 mins 44 secs	Case dependent	16 mins 50 secs
National Median	3 minutes	3 mins 9 secs	3 minutes	11 mins 52 secs	Case dependent	24 mins 53 secs

The graph below shows national median dispatch time by quarter for 1A, 1B, and 1C, from Q1 2021 to the current reporting period.



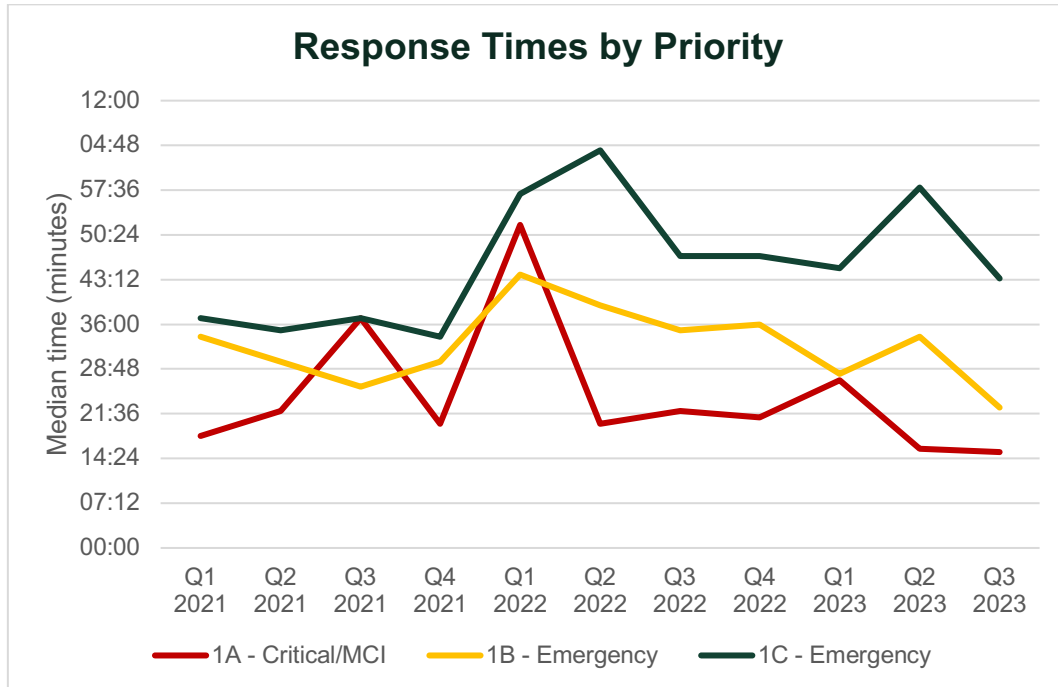
Response Time

Response time is the time between notification of an occurrence and the ambulance's arrival at the scene. According to the WHO, an ideal response time for priority 1A critical cases is less than 8 minutes¹. SJA targets 12 minutes in urban areas.

This **quarter's median response time** in minutes and seconds is shown below by province.

Category	Priority 1A		Priority 1B & 1C		All other priorities P2, P3, P4, P5, P6	
Urgency	Critical		Urgent		Non-urgent	
Timing	Target	Q3	Target	Q3	Target	Q3
NCD	12 minutes	13 mins 51 secs	15 minutes	31 mins 20 secs	Case dependent	45 mins 46 secs
Central	12 minutes	27 mins 30 secs	15 minutes	81 mins 9 secs	Case dependent	118 mins 53 secs
Morobe	12 minutes	18 mins 53 secs	15 minutes	54 mins 33 secs	Case dependent	66 mins 33 secs
East New Britain	12 minutes	-	15 minutes	61 mins 27 secs	Case dependent	71 mins 17 secs
National Median	12 minutes	15 mins 26 secs	15 minutes	40 mins 10 secs	Case dependent	63 mins 42 secs

The graph below shows national median response time by quarter for 1A, 1B, and 1C, from Q1 2021 to the current reporting period.



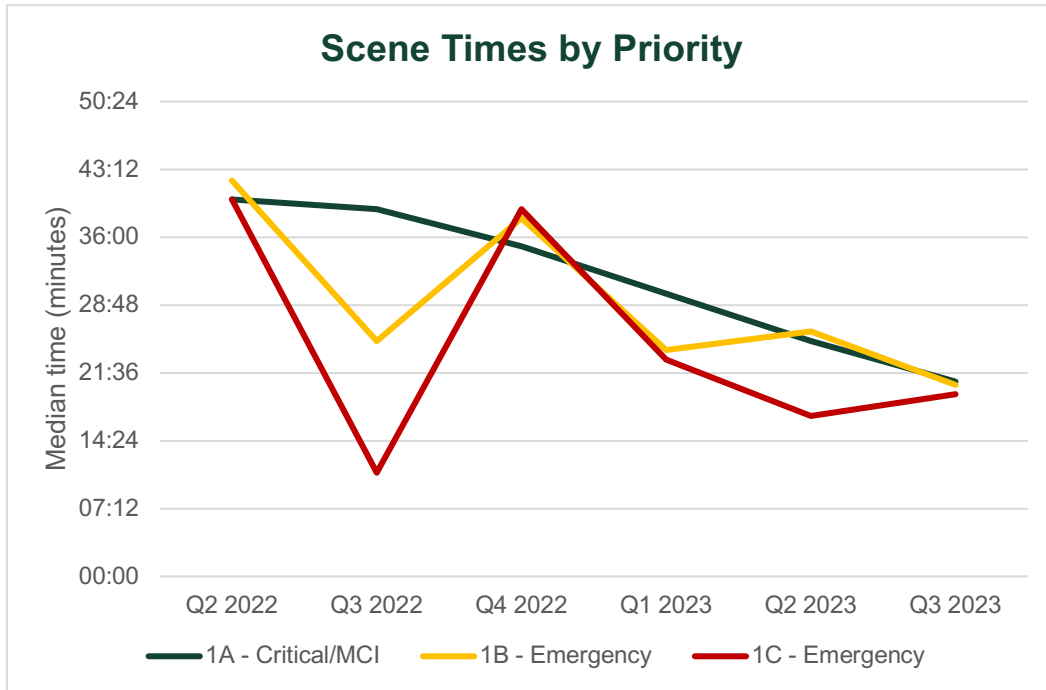
Scene Time

Scene time is the time between when the first ambulance arrives at the incident to when it departs the scene. The table below shows this quarter's average scene time in minutes and seconds.

Category	Priority 1A		Priority 1B & 1C		All other priorities P2, P3, P4, P5, P6	
Urgency:	Critical		Urgent		Non-urgent	
Timing:	Target	Q3	Target	Q3	Target	Q3
NCD	30 minutes	20 mins 4 secs	30 minutes	18 mins 31 secs	Case dependent	17 mins 11 secs
Central	30 minutes	26 mins 33 secs	30 minutes	20 mins 29 secs	Case dependent	17 mins 11 secs
Morobe	30 minutes	21 mins 51 secs	30 minutes	21 mins 38 secs	Case dependent	17 mins 16 secs
East New Britain	30 minutes	-	30 minutes	21 mins 23 secs	Case dependent	16 mins 11 secs
National Median	30 minutes	20 mins 40 secs	30 minutes	19 mins 27 secs	Case dependent	17 mins 35 secs



The graph below shows national median scene time by quarter for 1A, 1B, and 1C, from Q1 2021 to the current reporting period.



Overall case time

Overall case time is the time between when the emergency call is received by SJA to when the ambulance arrives back at the station, (or is tasked to another emergency)

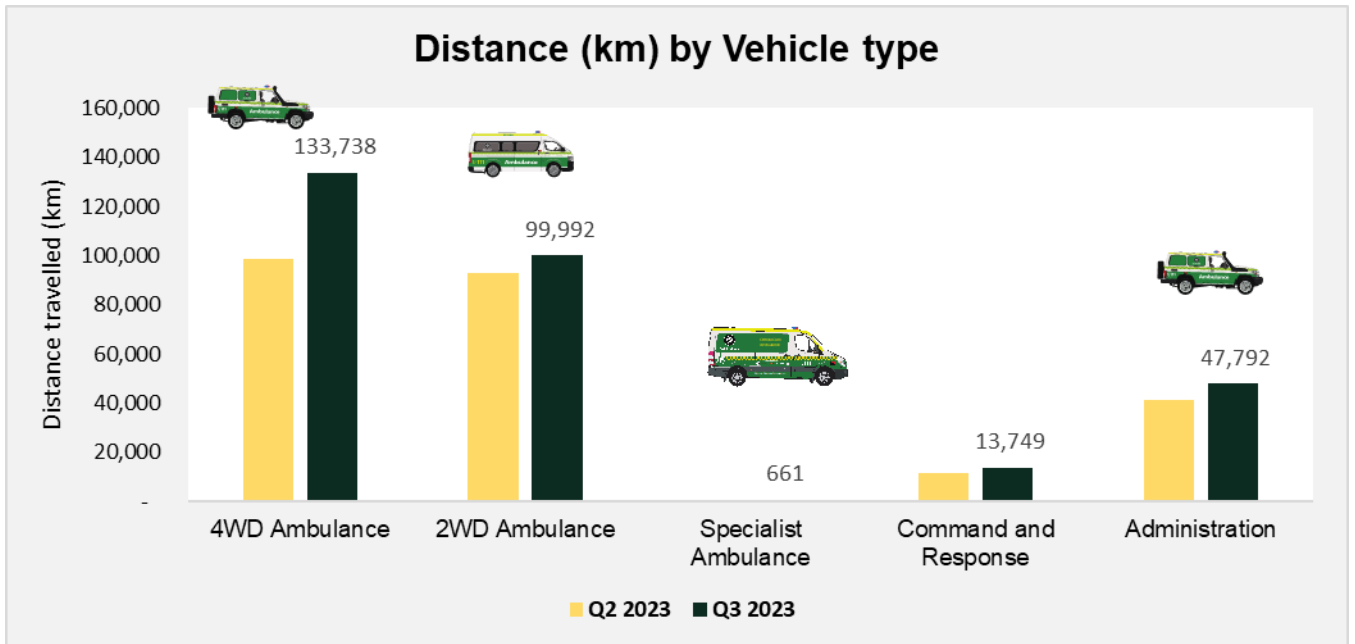
The table below shows this **quarter's median case time** in minutes and seconds.

Category	Priority 1A		Priority 1B & 1C		All other priorities P2, P3, P4, P5, P6	
Urgency:	Critical		Urgent		Non-urgent	
Timing:	Target	Q3	Target	Q3	Target	Q3
NCD	1 hour 15 min	1 hr 11 mins	2 hours	1 hr 20 mins	Case dependent	1 hr 38 mins
Central	1 hour 15 min	1 hr 40 mins	2 hours	2 hrs 43 mins	Case dependent	4 hrs 1 min
Morobe	1 hour 15 min	1 hr 16 mins	2 hours	1 hr 39 mins	Case dependent	2 hrs 5 mins
East New Britain	1 hour 15 min	-	2 hours	1 hr 59 mins	Case dependent	2 hrs 10 mins
National Median	1 hour 15 min	1 hr 15 mins	2 hours	1 hr 34 mins	Case dependent	2 hrs 3 mins



Distance travelled and fuel consumption

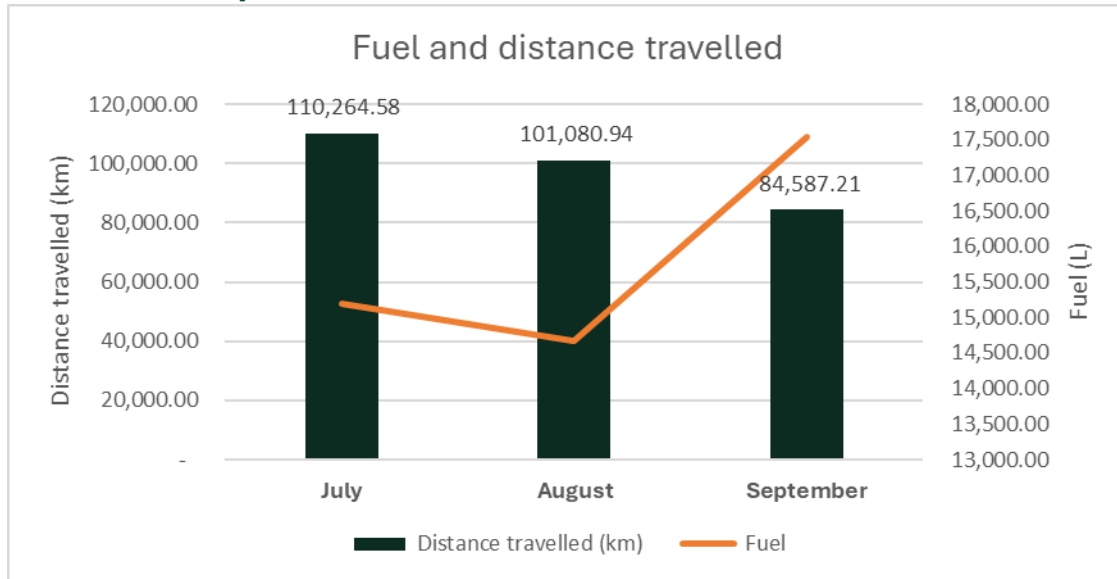
Nationally, a total distance of 243,767 kilometres was travelled in quarter two. For this quarter, a total distance of **295,933 km** was travelled (52,167 km more than quarter two). This is illustrated in the graph and table below.



Vehicle Class	Q2 2023	Q3 2023	YTD Total
4WD ambulance	98,471	133,738	323,011
2WD ambulance	92,599	99,992	304,972
Specialist Ambulance	437	661	2,110
Command And Response	11,300	13,749	37,146
Administration	40,960	47,792	125,089
Total km travelled	243,766	295,933	792,319



Fuel consumption and distance travelled





REPORTING BY PROVINCE

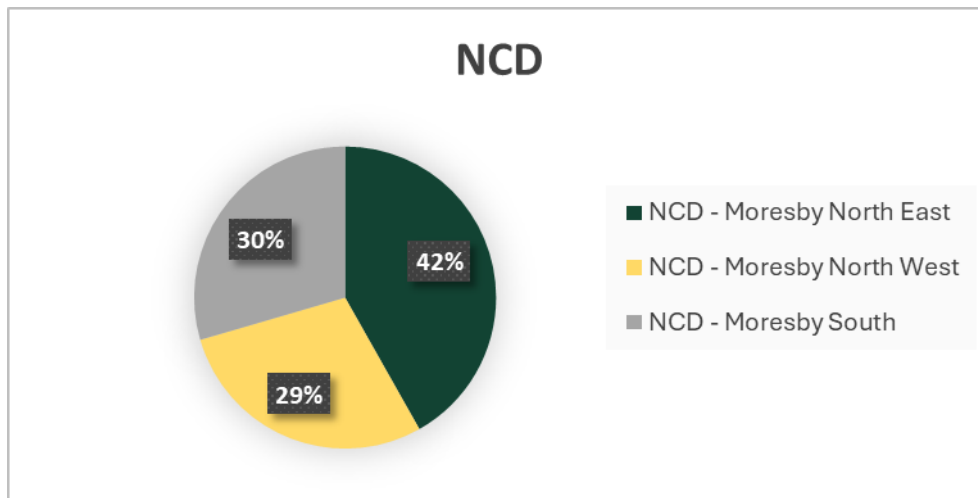
National Capital District



Incidents by Electorate

There has been an 8% increase in incidents for Moresby North East.

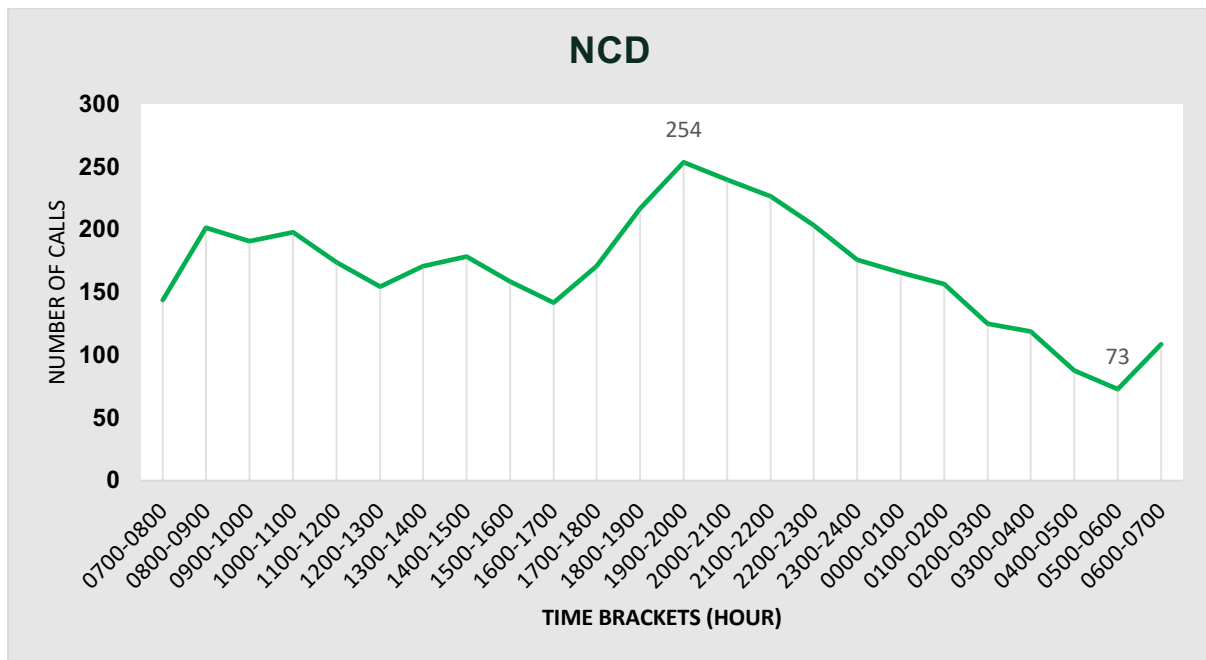
ELECTORATE	Q2 2023	% of total	Q3 2023	% of total	Change	Total YTD
NCD - Moresby North East	1,503	38%	1,630	42%	127	4,484
NCD - Moresby North West	1,227	31%	1,118	29%	-109	3,644
NCD - Moresby South	1,260	31%	1,151	29%	-109	3,534
Total incidents	3,990	100%	3,899	100%	-91	11,662





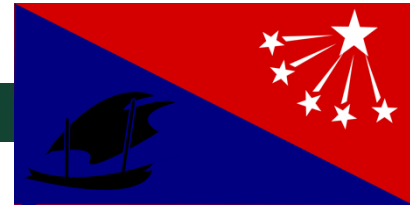
Peak call periods

We keep track of the times at which calls for help are received. For NCD, the highest number of calls occurred between **19:00 -20:00** hours, while the least number of calls occurred between **05:00 – 06:00** hours.



Distance Travelled

Vehicle Class	Q2 2023	Q3	YTD Total
4WD ambulance	33,979	67,620	162,977
2WD ambulance	86,978	97,344	292,801
Specialist Ambulance	437	661	2,110
Command And Response	8,160	8,524	25,490
Administration	40,960	47,792	125,089
Total km travelled	170,515	221,941	608,467

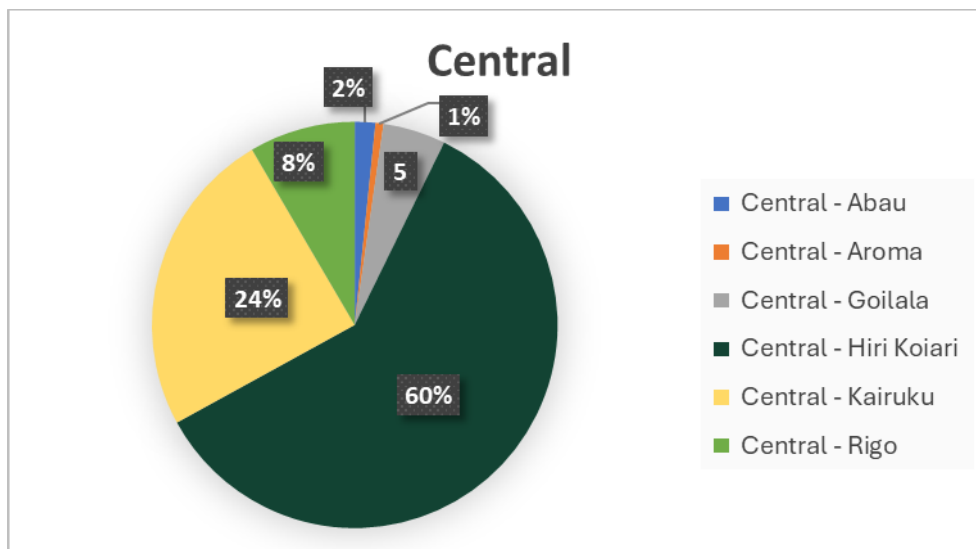


Central Province

Incidents by Electorate

In Central, Hiri-Koiari, the largest district accounted for the most incidents attended with 60% in Q3 2023. The formerly known Kairuku-Hiri district is now separated into Hiri-Koiari and Kairuku districts respectively.

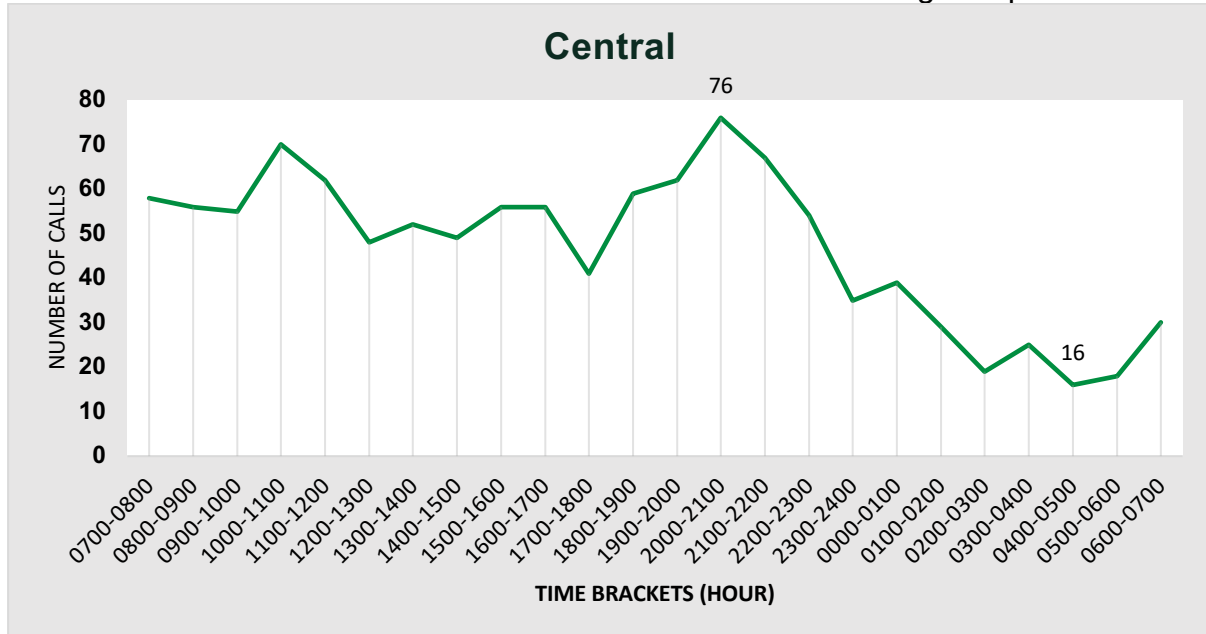
ELECTORATE	Q2 2023	%	Q3 2023	%	Change	Total YTD
Central - Abau	37	4%	18	2%	-19	86
Central - Aroma	23	2%	7	1%	-16	43
Central - Goilala	47	5%	55	5%	8	130
Central - Hiri Koiari	547	54%	655	60%	108	1,602
Central - Kairuku	235	23%	271	25%	36	723
Central - Rigo	122	12%	93	8%	-29	299
Total	1,011	100%	1,099	100%	88	2,884





Peak call periods

We keep track of the times at which calls for help are received. For Central Province, the highest number of calls are received between **20:00 – 21:00** hours, and the least number of calls are received between **04:00 – 05:00** hours during the quarter.



Distance Travelled

Vehicle Class	Q2	Q3	YTD Total
4WD Ambulance	32,251	20,789	63,933
Total km travelled	32,251	20,789	63,933

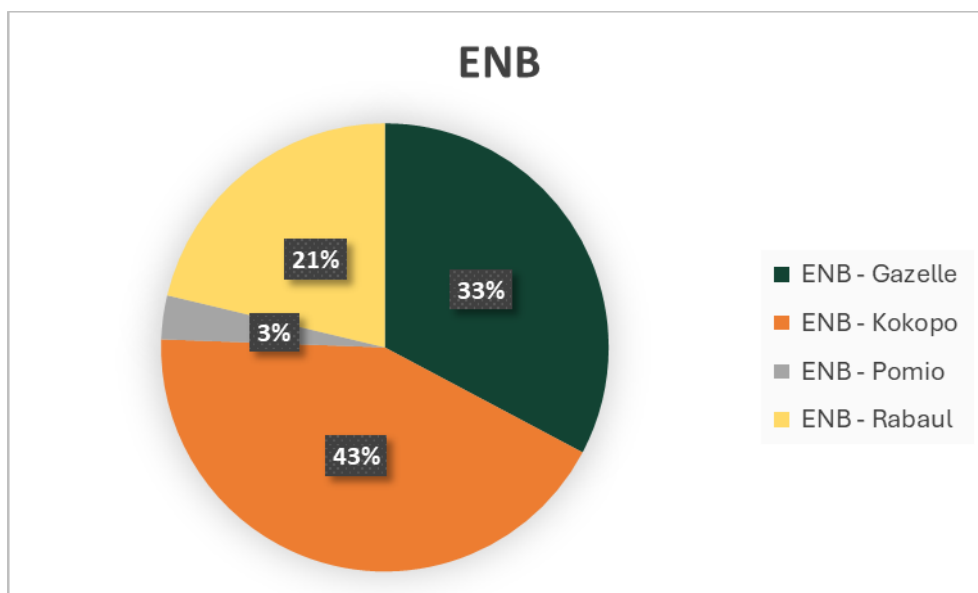


East New Britain

Incidents by Electorate

Kokopo, the district in East New Britain with the highest number of incidents, accounted for 43% of incidents this quarter compared to the previous report which was 4%. The change in the split of incidents by electorate between Q2 and Q3 also reflects the way in which the split is calculated: the percentage split is calculated based on cases for which electorate is recorded in the data, and then applied to the total number of incident in the province. This means the low number of cases in Rabaul electorate could also reflect the fact that fewer of these cases had the electorate recorded in the patient care record.

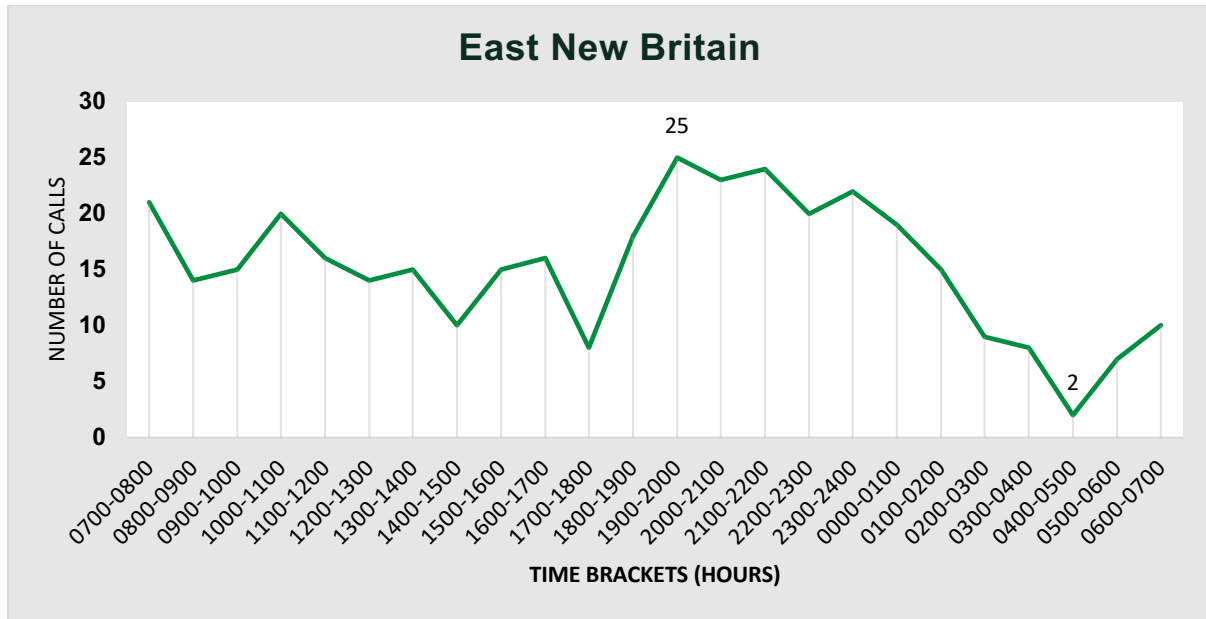
ELECTORATE	Q2 2023	%	Q3 2023	%	Change	Total YTD
ENB - Gazelle	22	6%	114	33%	92	157
ENB - Kokopo	14	4%	149	43%	135	170
ENB - Pomio	27	7%	11	3%	-16	56
ENB - Rabaul	321	84%	74	21%	-247	671
Total	384	100%	348	100%	-36	1,054





Peak call periods

We keep track of the times at which calls for help are received. For East New Britain Province, the highest number of calls are received between **19:00 – 20:00** hours while the least number of calls for this quarter were between **04:00 – 05:00** hours.



Distance Travelled

Vehicle Class	Q2	Q3	YTD Total
4WD Ambulance	17,059	19,320	48,963
2WD Ambulance	3,644	2,558	6,539
Total km travelled	20,703	21,879	55,503

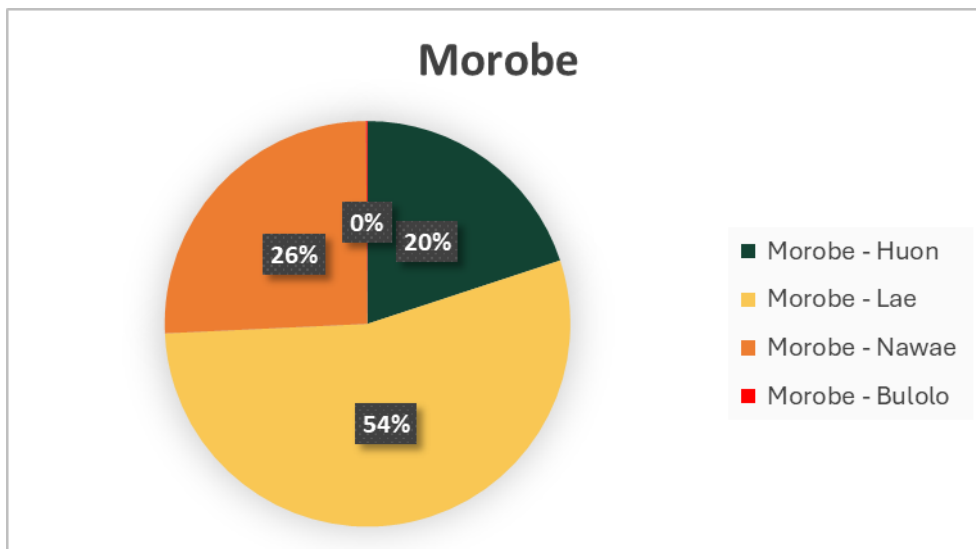
Lae City & Morobe Province



Incidents by Electorate

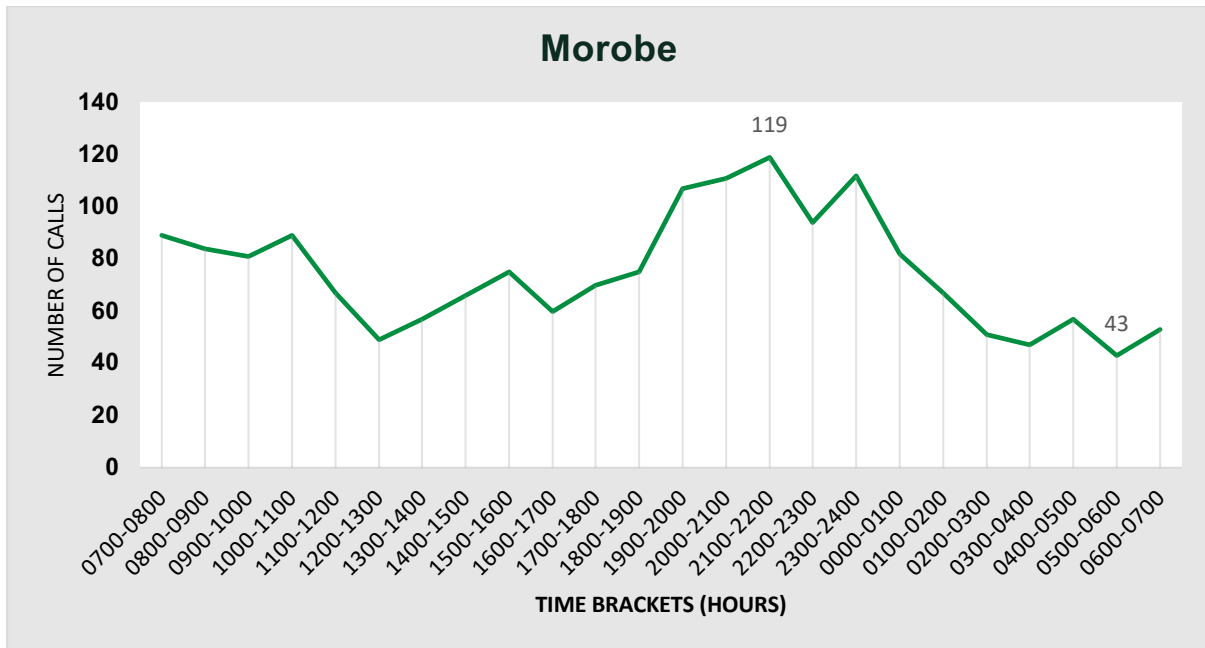
In Morobe, Lae city accounted for most of the incidents with 54% compared to other electorates.

ELECTORATE	Q2 2023	%	Q3 2023	%	Change	Total YTD
Morobe - Huon	231	17%	335	20%	104	611
Morobe - Lae	863	64%	912	54%	49	2,901
Morobe - Nawae	261	19%	430	26%	169	781
Morobe - Bulolo	0	0%	2	0%	2	47
Total	1,355	100%	1,678	100%	323	4,340



Peak call periods

We keep track of the times at which calls for help are received. For Morobe Province, the highest number of calls received are between **21:00 – 22:00** hours during the night and the least number of calls were received between **05:00 – 06:00** hours.



Distance Travelled

Vehicle Class	Q2	Q3	YTD Total
4WD Ambulance	9,278	26,009	44,394
2WD Ambulance	1,977	90	5,632
Command and Response	-	5,225	5,225
Total km travelled	11,255	31,324	55,251



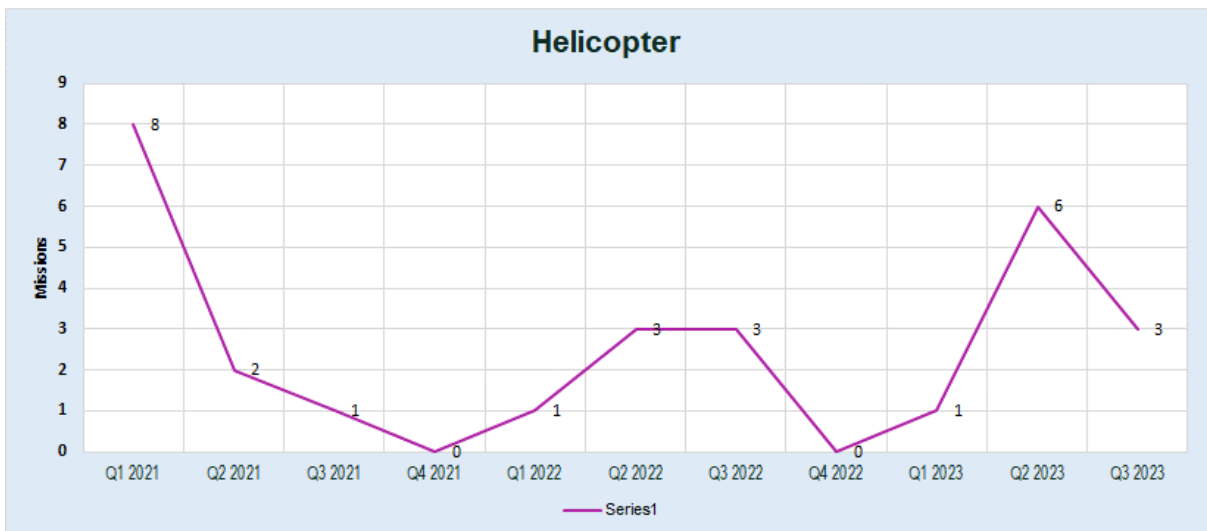
Air Ambulance Services

Missions

Number of helicopter missions this year.

Helicopter	Q2 2023	Q3 2023	YTD average
Southern	6	3	3.3
Momase	0	0	0
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
Total hours	6	3	3.3

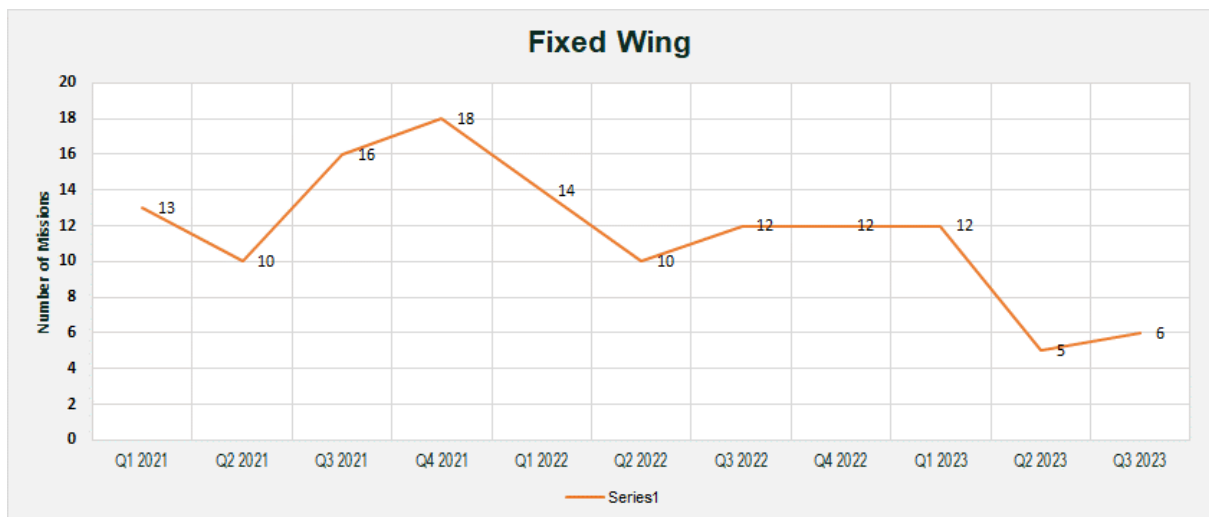
Line graph showing helicopter missions over the last two and a half years.



Number of fixed wing missions this year.

Fixed-wing	Q2 2023	Q3 2023	YTD average (hours)
Southern	1	0	1.3
Momase	0	1	1
NGI	1	0	1.3
Highlands	0	2	1.3
Australia	2	3	2.3
International (other)	1	0	0.3
Total hours	5	6	7.7

Line graph showing fixed wing missions over the last two and a half years.

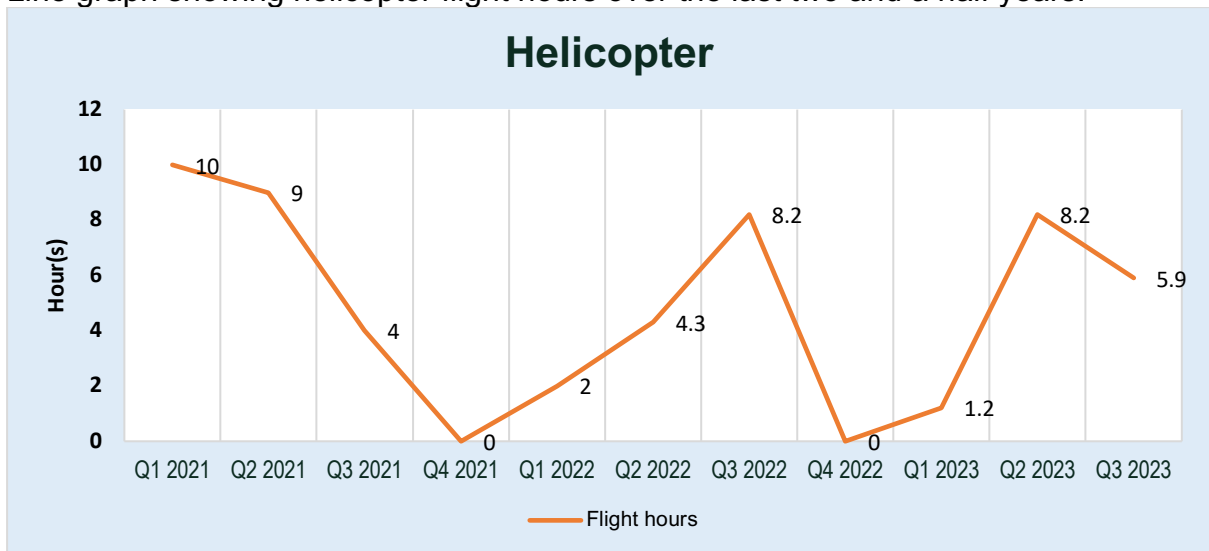


Flight Hours

The total hours flown by helicopter to provide care during this year are shown below.

Helicopter	Q2 2023	Q3 2023	YTD average (hours)
Southern	8.2	5.9	5.1
Momase	0	0	0
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
Total hours	8.2	5.9	5.2

Line graph showing helicopter flight hours over the last two and a half years.



The total hours flown by fixed wing to provide care during this year are shown below.

Fixed-wing	Q2 2023	Q3 2023	YTD average (hours)
Southern	2	0	5.3
Momase	0	2.9	2
NGI	2.4	0	4.1
Highlands	0	5.6	3.5
Australia	12	8.2	8.4
International	16.7	0	8.9
Total hours	33.1	16.7	29.5

Line graph showing flight hours over the last two years



Private Patient Transport Fees

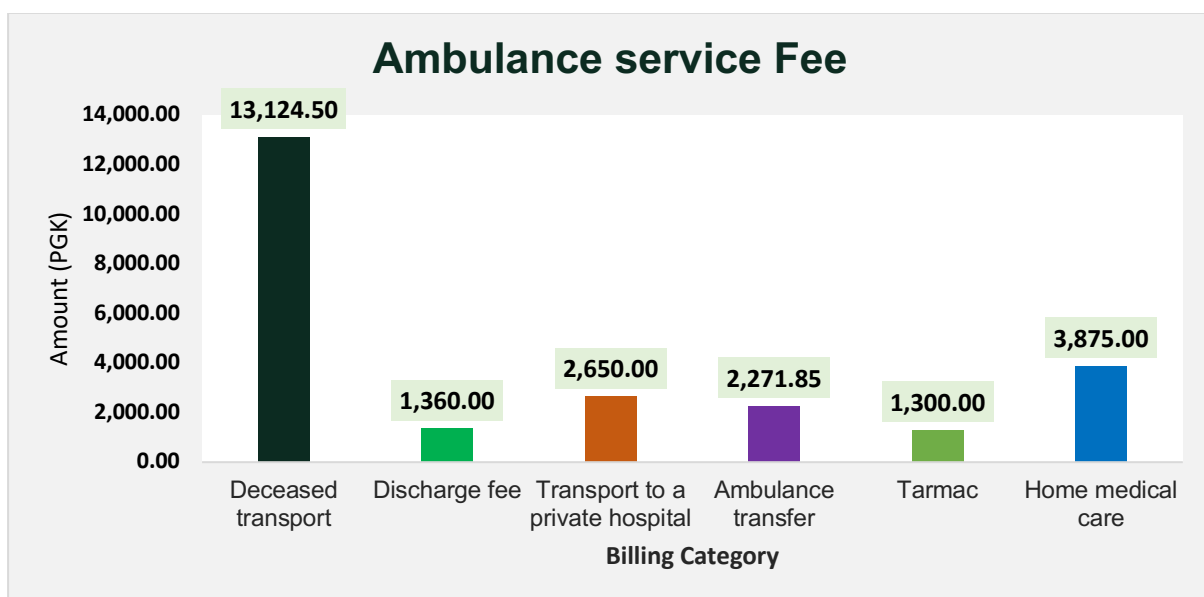
All emergency services provided to Papua New Guineans and PNG Residents are entirely free if the patient is seeking emergency transport to a public hospital.

The average ‘real’ expenses incurred helping one patient is estimated at PGK 800. However, over 98% of patients are public patients, so SJA provide the service to them entirely free.

Sometimes patient request SJA to transport a patient to a private hospital, or request services that are not for an emergency, such as transport from a hospital to home (patient discharge), to an airport for overseas treatment, or where a family requests mortuary transport. SJA charges a fee for these services on a cost recovery basis, and to ensure sufficient operating revenue.

St John Ambulance has a “no cash policy”, so all payments were received through EFTPOS or bank transfer from quarter two of 2022 onwards.

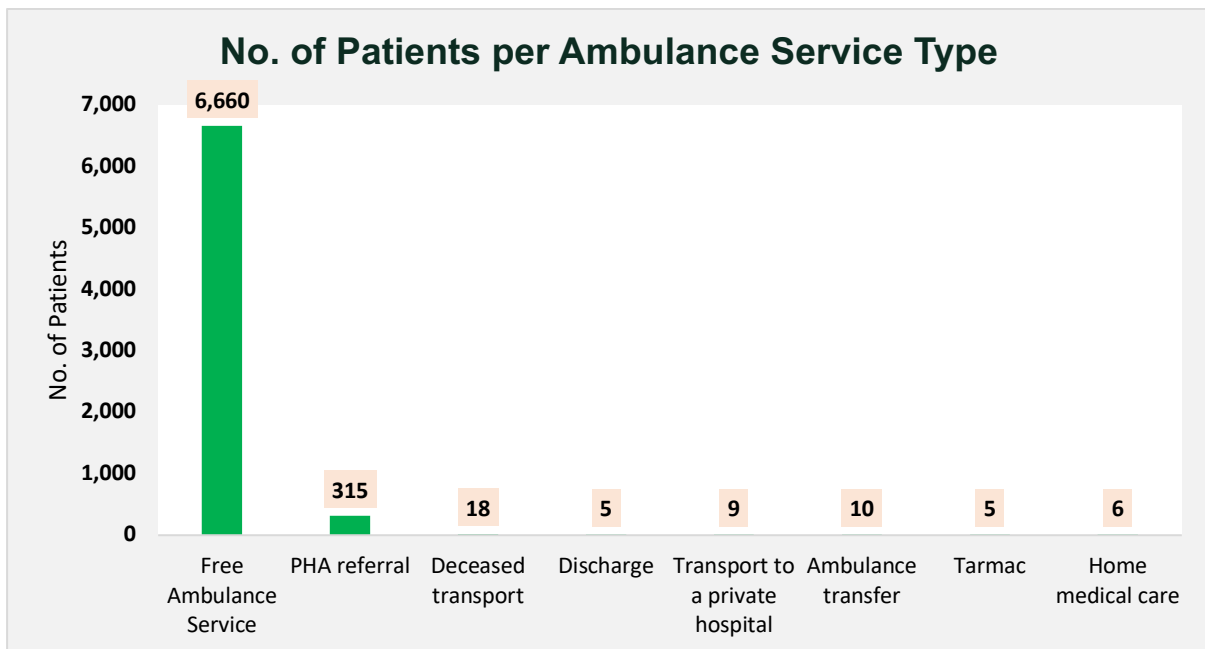
The total private patient fees collected in Quarter 3 amounted to **PGK 24,581**. This helped subsidise the free public ambulance service.



The table below shows ambulance service fees for Q2 of 2023 in comparison to the previous quarter.

Form of Payment	Q2 2023	Q3 2023	2023 YTD Total
Cash	-	-	200.00
EFTPOS	46,238.00	24,581.35	109,414.35
Cheque/Internet transfer	-	-	500.00
Total (PGK)	46,238.00	24,581.35	110,114.35

In addition to the above information, the graph below shows the number of incidents attended to as per the billing category.



Key Performance Indicators

Ambulance Operations Centre 111

Area	Target	Indicator	Result this period
Call Answering Time	Calls to 111 are answered by the telephonist within 10 seconds on average	PABX call-logs	18 seconds
Dispatch Time (NCD)	An ambulance is dispatched to life-threatening (1A and 1B) medical emergencies within 3 minutes on average of the call being received by SJA in Port Moresby and Lae.	CAD Dispatch logs	4 minutes
Dispatch Time (Regional)	An ambulance is dispatched to life-threatening medical emergencies within 7 minutes on average of the call being received by SJA in rural areas	CAD Dispatch logs	4 minutes 39 seconds
Caller Satisfaction	≥ 90% of the callers report that the 111 call-taker was helpful	Weekly Patient Experience Survey	81% caller satisfaction

Ambulance Service Key Performance Measures

Area	Target	Indicator	Result this period
Response Time (NCD)	An ambulance arrives on scene within 12 minutes from time of call for 1A cases, ≥ 90% of the time	CAD Dispatch logs	13 minutes 51 seconds
Response Time (Regional)	An ambulance arrives on scene within 20 minutes from time of call for 1A and 1B cases, ≥ 90% of the time	CAD Dispatch logs	18 minutes 6 seconds
Patient Satisfaction	≥ 90% of patients report being satisfied or very satisfied with SJA's service	Patient Experience Survey	100 % Satisfaction

Ambulance Service Staffing

Area	Target	Q3 2023	Result this period
Minimum ambulance crewing	The number of ambulances on duty meets that required in Annexe A 90% of the time.	94.78%	95%
Referrals (Reservist Stations)	80% of Central Province referral incidents to PMGH are met midway by NCD ambulance.	31.3% of the referral incidents were met mid-way by NCD ambulance. Measured through CAD.	26%
Submission of electronic medical report (eMR)	An eMR is completed for all instances that an ambulance officer assesses a patient.	65.92%	79.3%

National Ambulance Coordination Centre (111)

The National Ambulance Coordination Centre (NAAC) is the hub for the 111-emergency call centre and ambulance dispatching systems. It facilitates communication with and coordination of the ambulance service across NCD, Central, Morobe, Kundiawa, and East New Britain provinces and the tracking of the Air Ambulance missions.

The NACC also provides clinical advice to communities and health workers in other provinces. The NACC enables interagency cooperation with other emergency service providers during times of mass casualty or complex incidents such as earthquakes.



Name		Target	Q2 2023	Q3 2023
Dispatch time	The median time that an ambulance is dispatched to a 1A case is less than 90 seconds from the time the first call about the incident is received.		3 minutes 14 seconds	3 minutes 9 seconds
Skill Maintenance	Skills Maintenance and reaccreditation program implemented for all NACC roles		<ul style="list-style-type: none"> • 47%. Advanced First Aid Training for NAOC staff by 2nd Quarter of 2023 (17/36). • 44%. First Responder Training for NAOC staff in Q2 20223 (16/36). • 100%. Coaching sessions in response to matters or issues arising daily with NAOC Manager during weekdays. 	<ul style="list-style-type: none"> • 47%. (17/36), First Aid Training. • 44 % First Responder (17/36). • 100%. Call takers went through 3 weeks of on-the-job training with Phil Proust, Paramedic / Trainer.
Use of call-taking script	The call-taker completes the call-taker script for 100% of genuine calls		99% achieved. Random selection of 6 cases each week reviewed for use of script.	99% . In some cases, scripts are not usually followed say for 1A motor vehicle mass casualty cases, hence 99%.
Feedback to call-takers	2 calls are randomly selected each week with feedback given to the call-taker by registered paramedics		72.5% achieved. Feedback is given to call takers by NAOC manager.	1x Case Reviews are done every shift by the Dispatch Superior.

General Information

Background and history

The Papua New Guinea St John Ambulance (SJA) is a Papua New Guinean charity and statutory emergency service organisation that provides emergency medical services, first aid training, and humanitarian assistance to the people of Papua New Guinea. SJA has been serving Papua New Guinea for over 65 years and has a strong presence in many provinces across the nation.

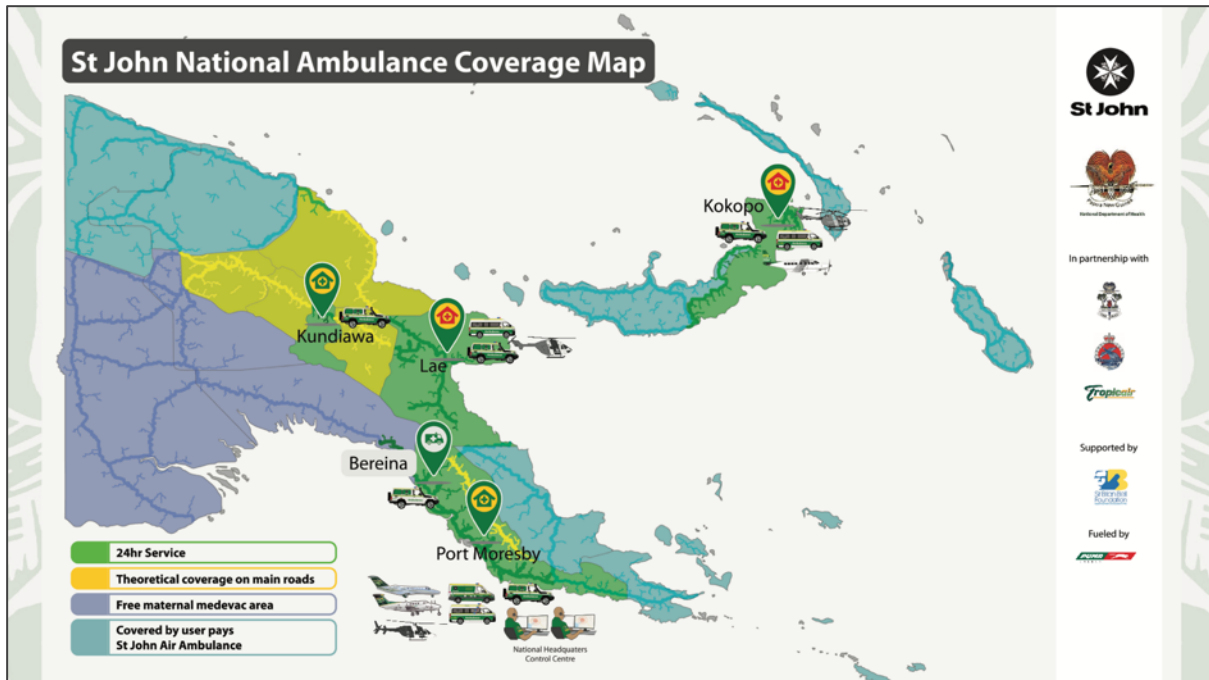
SJA is committed to making a difference in Papua New Guinea by providing quality health and ambulance services and responding to emergencies and disasters. In addition to emergency services, SJA offers a range of health and safety courses, including first aid, CPR, and AED training. SJA is also involved in various community projects, including health clinics, educational programs, and youth development initiatives. The organisation relies on the support of volunteers and donors to continue their important work and make a positive impact in the lives of the people they serve.

Since 1983, SJA has been engaged by the National Department of Health (NDOH) under a Memorandum of Agreement (MOA) to provide PNG's primary emergency ambulance services. As the responsibility for health services transferred to Provincial Health Authorities, SJA now works closely with Provincial Health Authorities under similar MOAs to provide their provincial emergency ambulance services.

SJA Station Locations

SJA now provides PNG's primary emergency ambulance service, serving a combined population of about 3 million people by road, and the entire population by air. SJA has stations in each the following towns:

- Port Moresby (NCD)
- Baruni (NCD)
- Bereina (Central)
- Kupiano (Central)
- Lae (Morobe)
- Kokopo (East New Britain)



About the ambulance service

SJA plays a pivotal role in providing immediate health care to the community. Well-coordinated pre-hospital care is crucial for an effective emergency care system to operate.

The ambulance service or sometimes referred to as an emergency medical service provides urgent pre-hospital treatment and stabilisation for people with serious illnesses and injuries and transports them to the hospital with the aim of the continuity of professional medical care of the patient.



SJA can be summoned by members of the public (as well as medical facilities, and other emergency services) via the national ambulance emergency number – 111. This number puts the caller in direct contact with the SJA national ambulance control centre (NACC) based in Port Moresby. The control centre will then dispatch suitable ambulance resources for the situation.

Prehospital care essential to good health care in PNG

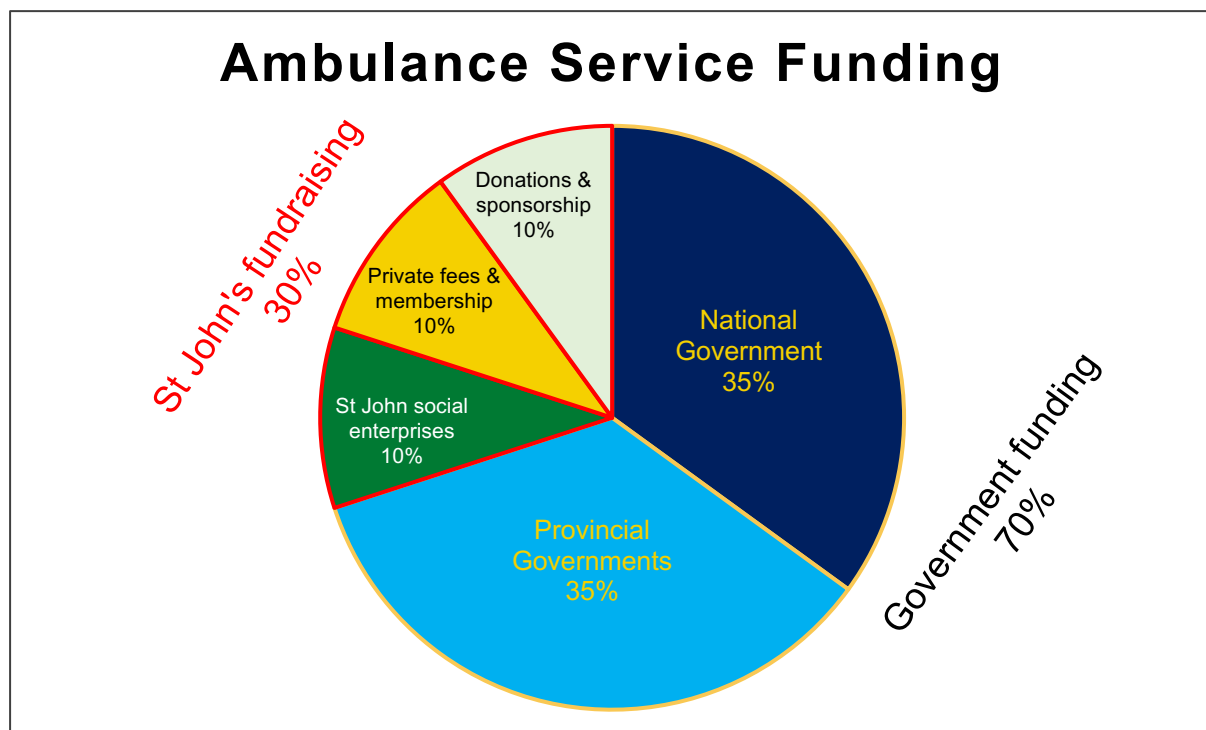
Ambulances and rapid response vehicles are the primary modes of delivering pre-hospital emergency medical services in PNG, however, SJA also uses aircraft and boats to access patients in rural and remote areas. SJA also has a special operations team and rescue squad that provides technical rescue and retrieval services.

The ambulance service has a key role in supporting quality health services, minimising the degree of injury and reducing fatalities. Ambulance response times significantly impact patient survival in critical emergencies. SJA works hard to strategically manage ambulance resources to ensure rapid response times despite the substantial geographical and logistical challenges.

St John: A Statutory Civil Protection Charity

How is the ambulance service funded?

The St John public ambulance service funding is split between reoccurring annual government grants from national and provincial governments and St John's own fundraising efforts.



National Government: 35%

The national government's funding to St John is through the treasury, and it accounts for about 35% of St John's funding. National government funding supports the national ambulance control centre, the national emergency 111 number, and the ambulance service command, training and education.

Provincial Authorities: 35%

Provincial authorities with whom St John has a Service Agreement provide direct reoccurring funding. Provincial funding supports fuel, maintenance and medical supplies.

St John's fundraising: 30%

St John Ambulance raises the remaining 30% through its social enterprise and fundraising efforts. By raising 30% of our own funding, we are greatly reducing the cost burden on the PNG Government, meaning those savings can be used by the government to fund other essential health activities.

What makes SJA unique in how it delivers value and service to Papua New Guineans?

SJA's status as a civil defence charity established by an act of parliament has unique benefits for both the government and the community. As an independent body, St John is a dynamic organisation, capable of rapidly adapting to changing environments. This builds resilience into our operations, allowing us to forward plan in order to provide the best services for the community whilst simultaneously providing strong value for the government's investment.

As a statutory body, the government has oversight of SJA's activities, which is achieved by way of a Council appointed by the Governor General, quarterly reporting and annual audits made available to the Parliament.

As a charity, SJA is able to harness strong community support through its trusted brand which attracts volunteers, sponsorship and donations. This support provides better cost-efficiency for the government and higher-quality services for the community.

Being a charity also has challenges, however, as not having formal access to a 'seat at the table' in government health service forums can be detrimental to our progress as an organisation.



SJA's place in the health care system

SJA has followed a similar path to the wider PNG health care system, undergoing gradual centralisation and professionalisation. From the early days of administration and then independence in PNG, a mix of providers offered health care services. This included government, voluntary, church and not-for-profit sectors, including SJA. Over the years, the government has been challenged to provide ambulance services and has relied upon SJA to provide this technical emergency service. SJA provides similar ambulance services for the government in many other countries, including Australia, the United Kingdom, and New Zealand.



An Emergency Service and a Health Service

SJA provides one of PNG's designated emergency services, alongside the Royal Papua New Guinea Constabulary and the National Fire Service. SJA's collaborative partnerships with these services enable 24/7 coordination of multi-agency emergency response.

We have close collaboration with the PNG Fire Service, in fact, 3 of our 6 stations are colocated with the Fire Service.



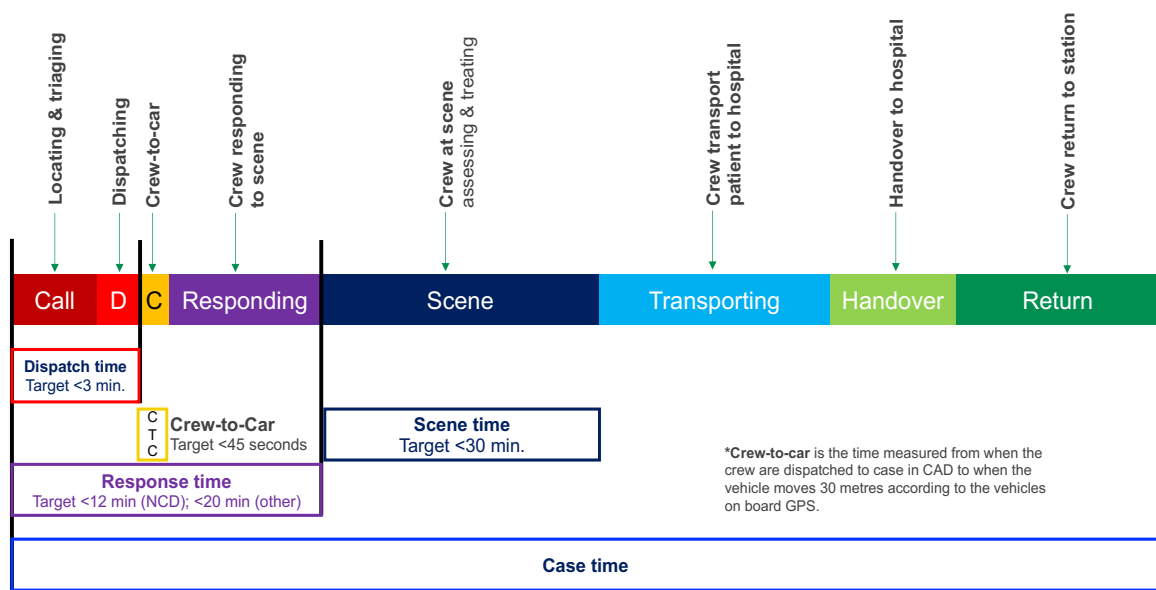
Definitions & Terminology

Terminology

These definitions match that of the Council of Ambulance Authorities Australasia's Report on Government Services.

Term	Definition	Comment
Incident	An event that results in a demand for ambulance resources to respond.	Incidents are logged in CAD as a case. Incidents are measured using CAD data.
Response	An ambulance response is a vehicle sent to an incident.	There may be multiple responses to one incident if several units are dispatched to a single incident
Patient	<i>A patient is someone assessed, treated, or transported by the ambulance service.</i>	<p>Patients are counted by the number of episodes. Patients may be the subject of more than one (1) episode per year.</p> <p>The ambulance worker completes an individual 'patient care report' for each patient. The patient care report is documented either on a paper sheet or using SJA's eMR system.</p>

Key Incident Time Intervals



Response priorities

Response Code	Problem	Degree of urgency	Lights & Sirens	Recommended # of ambulances to send	Target Time to patient location from time of call (<i>median</i>)
1A	Immediately life-threatening problem <i>e.g., cardiac arrest, ineffective breathing</i>	Immediate Highest priority response. Closest ambulances to respond.	Yes	Minimum 3, preferably 4	Within 10 minutes (Ideally < 8 minutes)
1B	Potentially life-threatening problem <i>e.g., unconscious</i>	Immediate High priority	Yes	1 – 2	Within 15 minutes
1C	Possible life-threatening emergency <i>e.g., breathing problem or chest injury, or serious bleeding</i>	Priority	Yes	1 - 2	Within 15 minutes
2A	Unlikely threat to life. <i>e.g., abdominal pain</i>	Urgent	No	1	Within 30 minutes
2B	No threat to life <i>e.g., unwell for days, limb injury</i>	Mobilise when sufficient resources available	No	1	Within 60 minutes
3	medical response requested by a doctor or nurse. often referral case	Within requested timeframe	No	1	Usually within 90 minutes
4 – 9	Non-emergency	Routine transport	No	1	



Papua New Guinea Since 1957

SJA is a statutory incorporation operating in accordance with the
St John Council Incorporation Act of 1976.

**For more information about this report contact enquiries@stjohn.org.pg
www.stjohn.org.pg**

