



Ambulance Service

Papua New Guinea



Activity Report

Ambulance Service

2022

Port Moresby, Papua New Guinea



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Introduction from the Chief Executive

This document reports the activity of St John Ambulance Papua New Guinea (SJA PNG) for the period 1 January to 31 December 2022, on a national basis and for NCD, Central, East New Britain, Morobe and Simbu provinces.

SJA PNG continues to go from strength to strength. 2022 saw a significant increase in activity (number of incidents) over 2021 - an increase of 7,733 incidents or 56%. This continues the rising trend of recent years, in which SJA PNG has grown 32% year on year since 2018. The increases over time are a combination of underlying growth in demand and the addition of stations in new provinces.

Summary of 2022

Incidents attended and distance covered

Incidents	Same period last year	This year	% increase/decrease
Emergencies	13,840	21,573	56
Distance covered (km)	745,372	829,854	11
Patient satisfaction score	94%	97%	3
Caller satisfaction	-	89%	-

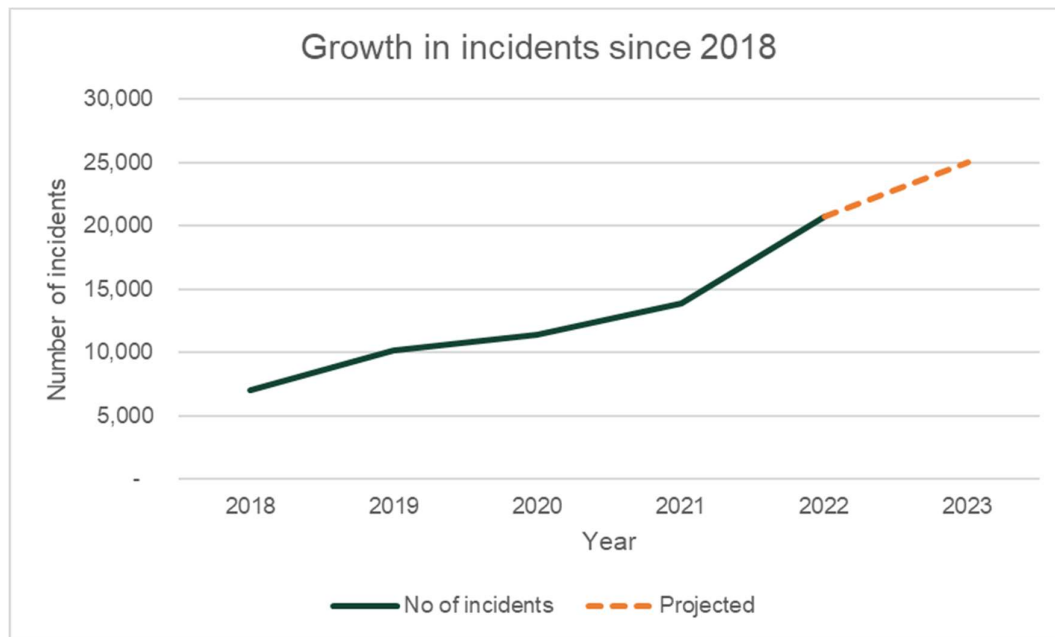




Emergency incidents since 2018

The graph below indicates the total incidents St John Ambulance PNG responded to since 2018. In Quarter 2 of 2020, St John Ambulance commenced regional expansion, 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.

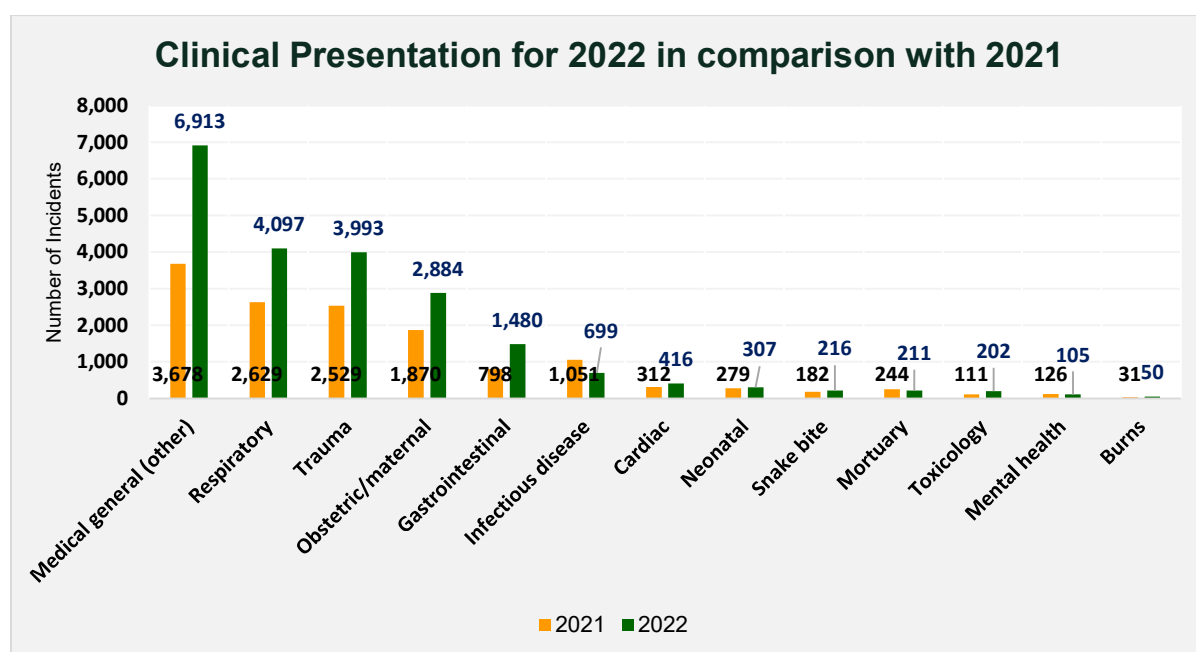
Figure 1: Growth in emergency incidents since 2018





Incidents by clinical presentation

During the reporting period, St John attended to 21,573 incidents. This is a 7,733 (56%) increase compared to 2021. The largest category of clinical presentations is 'General Medical' incidents (such as sick person, diabetes, headache, seizure, stroke, unconscious person and back pain). This category grew well above average, growing 88% between 2021 and 2022. The next three largest categories of clinical presentation – respiratory, trauma and obstetric emergencies – grew in line with overall growth. Together, these four categories of clinical presentation made up over 80% of incidents.



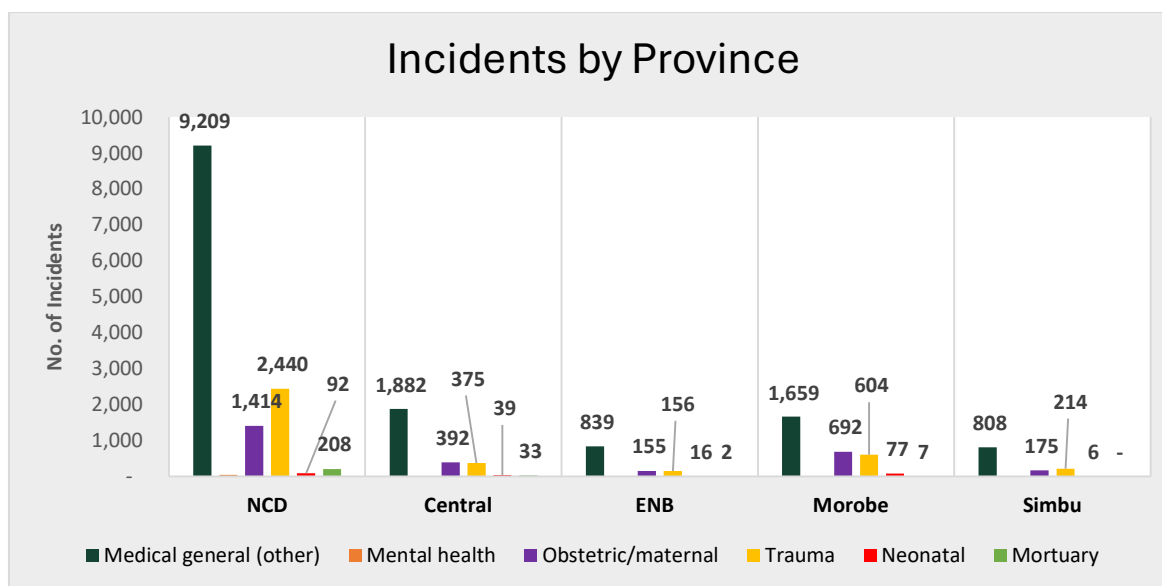


Clinical Presentation	2021	%	2022	%	Variance
Burns	31	0.2	50	0.2	19
Cardiac	312	2.3	416	1.9	104
Gastrointestinal	798	5.8	1,480	6.9	682
Infectious disease	1,051	7.6	699	3.2	-352
Medical general (other)	3,678	26.6	6,913	32.0	3,235
Mental health	126	0.9	105	0.5	-21
Obstetric/maternal	244	1.8	2,884	13.4	2,640
Respiratory	279	2.0	4,097	19.0	3,818
Snake bite	182	1.3	216	1.0	-1,654
Toxicology	2,629	19.0	202	0.9	-2,427
Trauma	1,870	13.5	3,993	18.5	2,123
Neonatal	111	0.8	307	1.4	196
Mortuary	2,529	18.3	211	1.0	-2,318
Total	13,840		21,573		7,733



INCIDENTS BY PROVINCE

Clinical Presentation	NCD	Central	ENB	Morobe	Simbu	Total
Burns	30	7	2	7	3	49
Cardiac	276	66	22	28	32	424
Gastrointestinal	860	207	96	184	149	1,496
Infectious disease	236	148	73	84	53	594
Medical general (other)	4,914	924	497	954	390	7,679
Mental health	50	12	1	6	10	79
Obstetric/maternal	1,414	392	155	692	175	2,828
Respiratory	2,687	376	132	370	172	3,737
Snake bite	87	121	1	9	1	219
Toxicology	119	33	16	23	8	199
Trauma	2,440	375	156	604	214	3,789
Neonatal	92	39	16	77	6	230
Mortuary	208	33	2	7	0	250
Total	13,413	2,733	1,169	3,045	1,213	21,573





Response Performance by Priority (Median)

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 St John 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 patients' level of consciousness and respiratory status.

Incidents are responded 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 St John'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 station to their ambulance. Other times cannot easily be controlled by St John, such as the distance from the station to the patient's location, and the difficulty of the terrain.

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	2022	Target	2022	Target	2022
Dispatch time (median)	3 minutes	2 mins 40 seconds	3 minutes	7 mins 32 seconds	Case dependent	16 mins 46 seconds
Response time (median)	30 minutes	16 mins 3 seconds	15 minutes	36 mins 27 seconds	Case dependent	55 mins 29 secs
Scene time (median)	1 hr 15 mins	23 mins 21 seconds	30 minutes	17 mins 47 seconds	Case dependent	17 mins 12 seconds
Overall Case time (median)	1 hr 15 mins	1 hr 9 minutes	2 hours	1 hr 18 minutes	Case dependent	1 hr 25 minutes



Dispatch Time

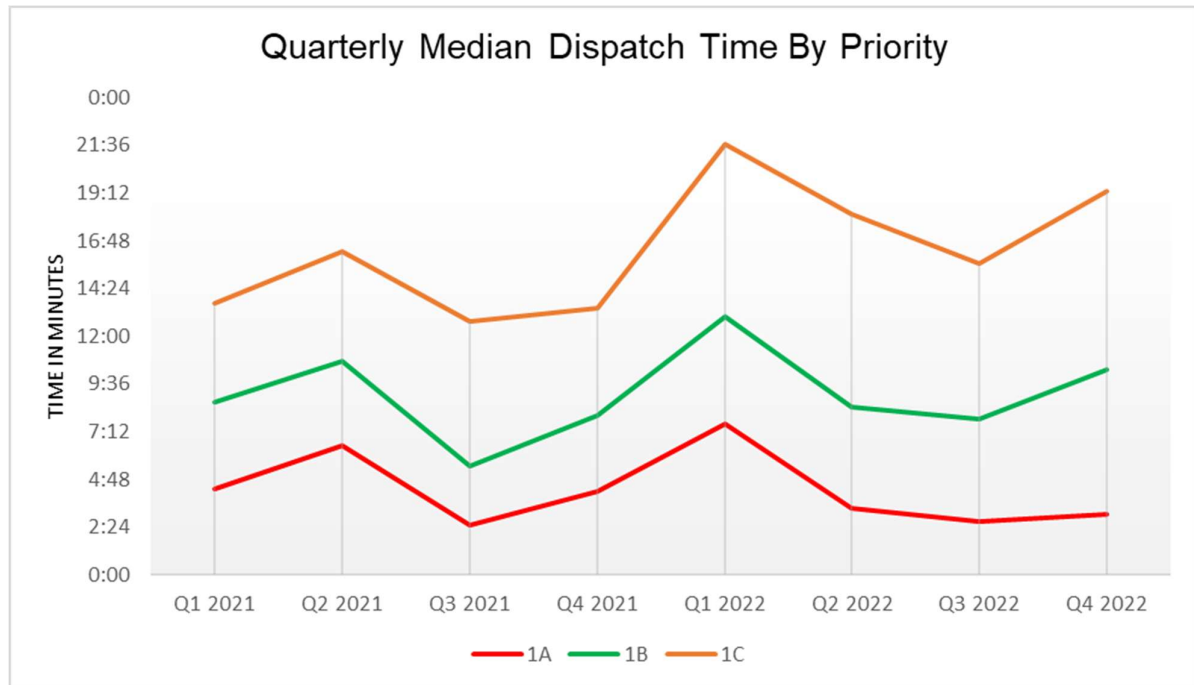
'Dispatch time' is defined as the time between when the call-taker first receives the call about a case and the dispatcher tasks an ambulance crew to attend the case by sending a message to crew (usually by radio or pager).

This year's median dispatch 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	2022	Target	2022	Target	2022
NCD	3 minutes	2 mins 28 seconds	3 minutes	6 mins 28 seconds	Case dependent	16 mins 46 seconds
Central	3 minutes	3 mins 20 seconds	3 minutes	8 mins 59 seconds	Case dependent	19 mins 36 seconds
Morobe	3 minutes	3 minutes	3 minutes	9 mins 37 seconds	Case dependent	15 mins 20 seconds
East New Britain	3 minutes	-	3 minutes	7 mins 59 seconds	Case dependent	14 mins 18 seconds
Simbu	3 minutes	2 mins 11 seconds	3 minutes	9 mins 15 seconds	Case dependent	13 mins 44 seconds
National Median	3 minutes	2 mins 40 seconds	3 minutes	7 mins 32 seconds	Case dependent	16 mins 21 seconds



Line graph showing median dispatch time by quarter for 1A, 1B, and 1C, from 2021 to this quarter





Response Time

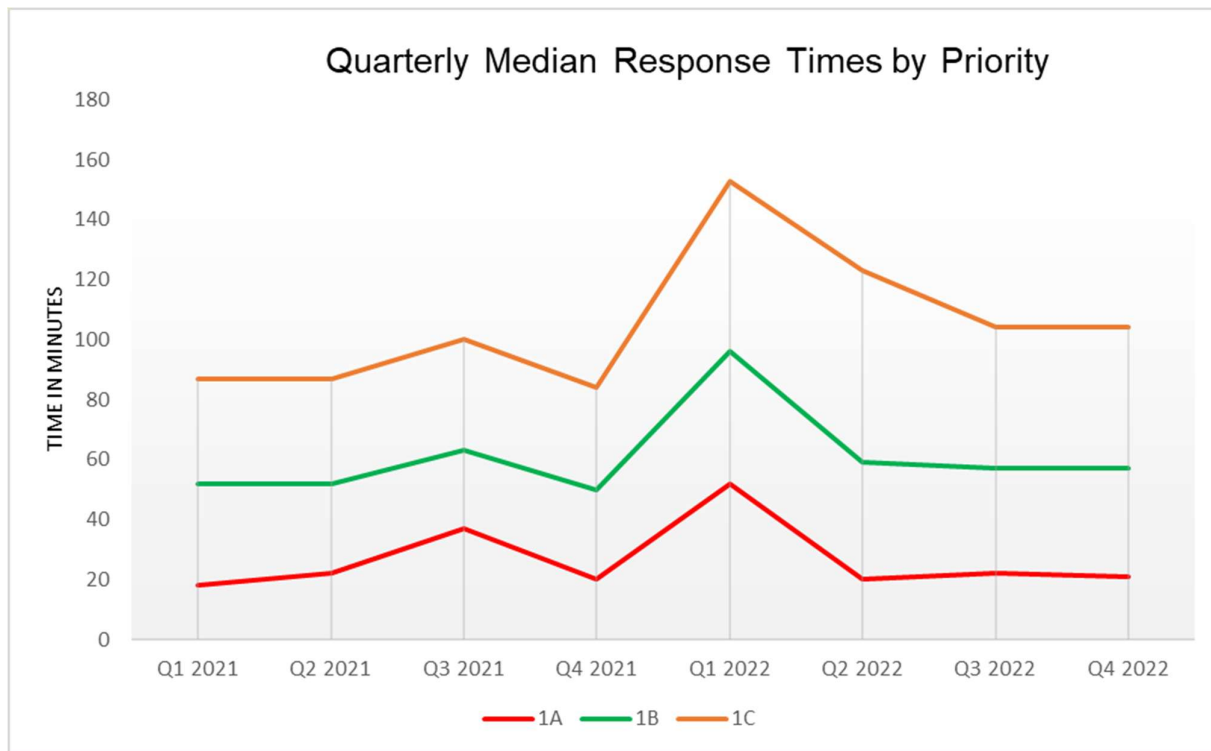
Response time is the time between notification of an occurrence and the ambulance arrival at the scene. According to the WHO, an ideal response time is equivalent to less than 8 minutes¹. St John targets 12 minutes in urban areas.

This year's median response 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	2022	Target	2022	Target	2022
NCD	12 minutes	14 mins 2 seconds	15 minutes	29 mins 14 seconds	Case dependent	45 mins 49 seconds
Central	12 minutes	60 mins 51 seconds	15 minutes	75 mins 9 seconds	Case dependent	104 mins 19 seconds
Morobe	12 minutes	20 mins 58 seconds	15 minutes	46 mins 39 seconds	Case dependent	56 mins 49 seconds
East New Britain	12 minutes	-	15 minutes	61 mins 25 seconds	Case dependent	77 mins 26 seconds
Simbu	12 minutes	64 mins 39 seconds	15 minutes	73 mins 24 seconds	Case dependent	92 mins 2 seconds
National Median	12 minutes	16 mins 3 seconds	15 minutes	36 mins 27 seconds	Case dependent	55 mins 29 seconds



Line graph showing median response time by quarter for 1A, 1B, and 1C, from 2021 to this quarter





Scene Time

Scene time is the time between when the first ambulance arrives at the incident to when it departs the scene.

This year's median 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	2022	Target	2022	Target	2022
NCD	30 minutes	23 mins 24 seconds	30 minutes	17 mins 59 seconds	Case dependent	16 mins 37 seconds
Central	30 minutes	25 mins 32 seconds	30 minutes	21 mins 25 seconds	Case dependent	21 mins 17 seconds
Morobe	30 minutes	18 mins 2 seconds	30 minutes	17 mins 9 seconds	Case dependent	15 mins 19 seconds
East New Britain	30 minutes	-	30 minutes	14 mins 7 seconds	Case dependent	14 mins 21 seconds
Simbu	30 minutes	36 mins 16 seconds	30 minutes	10 mins 5 seconds	Case dependent	8 mins 29 seconds
National Median	30 minutes	23 mins 21 seconds	30 minutes	17 mins 47 seconds	Case dependent	17 mins 12 seconds



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 station, (other is tasked to another emergency)

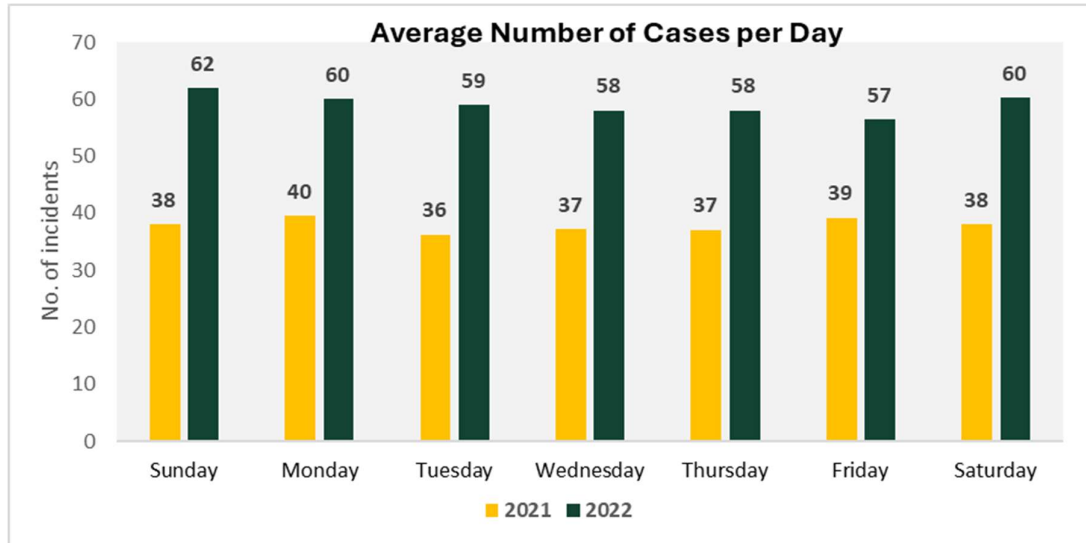
This **year's median case time** in hours and minutes.

Category:	Priority 1A		Priority 1B & 1C		All other priorities P2, P3, P4, P5, P6	
Urgency:	Critical		Urgent		Non-urgent	
Timing:	Target	2022	Target	2022	Target	2022
NCD	1 hr 15 mins	1 hr 4 mins	2 hrs	1 hr 11 mins	Case dependent	1 hr 13 mins
Central	1 hr 15 mins	2 hr 20 mins	2 hrs	2 hr 32 mins	Case dependent	2 hr 58 mins
Morobe	1 hr 15 mins	1 hr 7 mins	2 hrs	1 hr 19 mins	Case dependent	1 hr 21 mins
East New Britain	1 hr 15 mins	-	2 hrs	1 hr 46 mins	Case dependent	2 hr 5 mins
Simbu	1 hr 15 mins	36 minutes	2 hrs	1 hr 35 mins	Case dependent	1 hr 38 mins
National Median	1 hr 15 mins	1 hr 9 mins	2 hrs	1 hr 18 mins	Case dependent	1 hr 25 mins



The graph below indicates the average number of incidents responded to per day in 2022 in comparison with 2021.

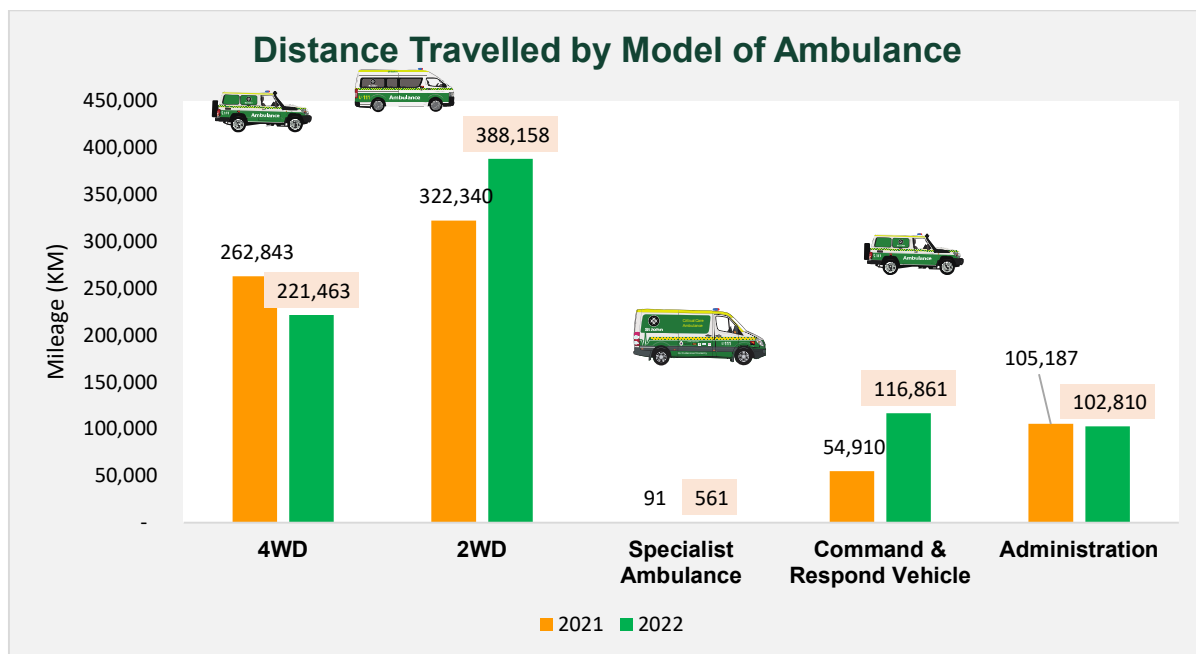
The busiest day in 2022 is Sunday and the quietest day is Friday. For 2021, the busiest day is Monday, whereas the quietest day is Tuesday.



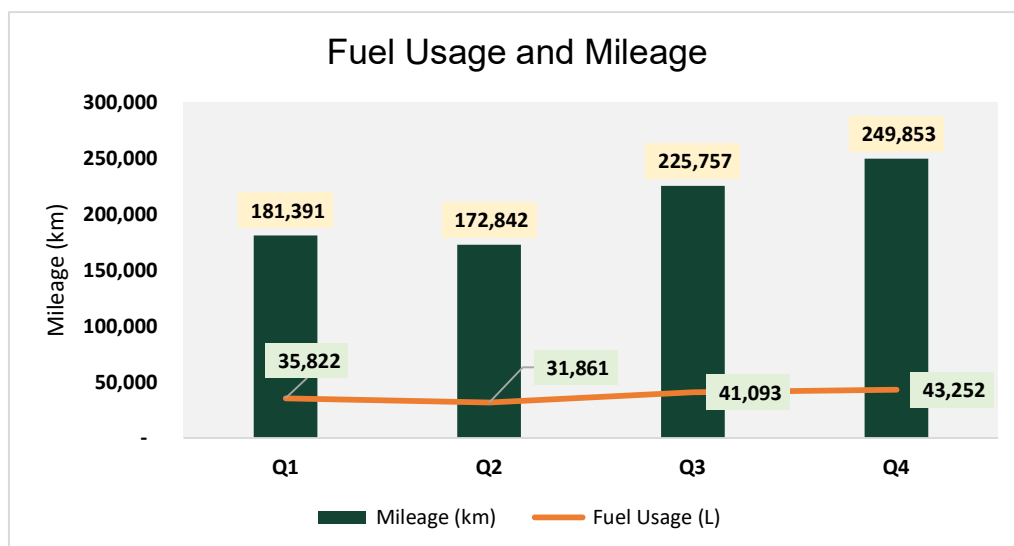


Distance Travelled Nationally

The year-to-date total distance of **829,854 kilometres** was travelled this year. Total distance travelled in 2021 was **745,372 kilometres**.



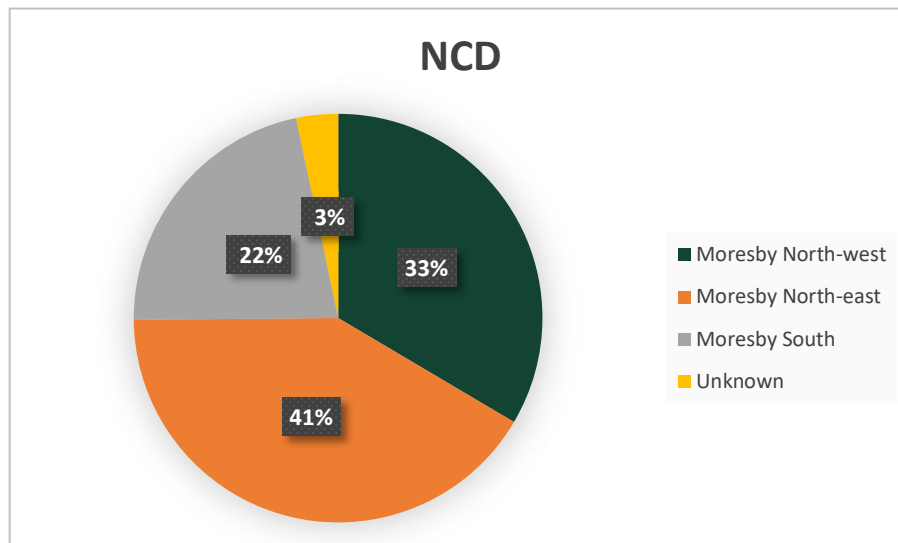
Fuel Usage and Distance Travelled in 2022





National Capital District Incidents by Electorate

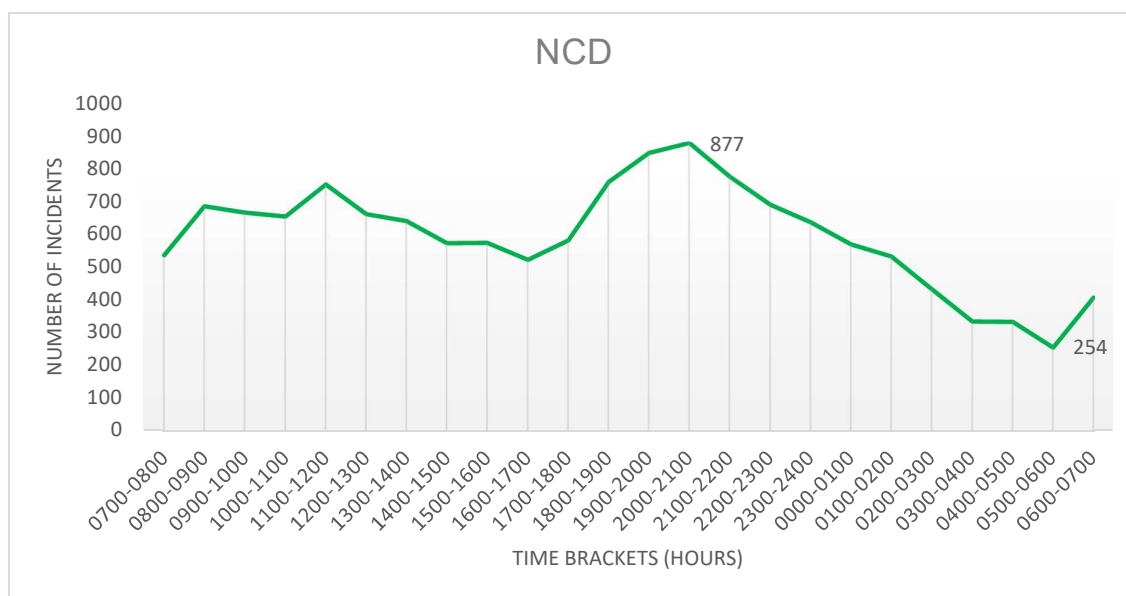
ELECTORATE	2021	%	2022	%	Variance	Total YTD
Moresby North-west	3,848	36	4,670	33	822	4,670
Moresby North-east	4,413	41	5,768	41	1,355	5,768
Moresby South	2,409	23	3,044	22	635	3,044
Unknown	21	0	460	3	439	460
Total	10,691		13,942		2,651	13,942





Peak call periods

We keep track of the times at which calls for help are received. For NCD, most of the calls come in between 11:00 – 12:00 hours during the day and the least number of calls come in at 05:00 AM – 06:00 AM.



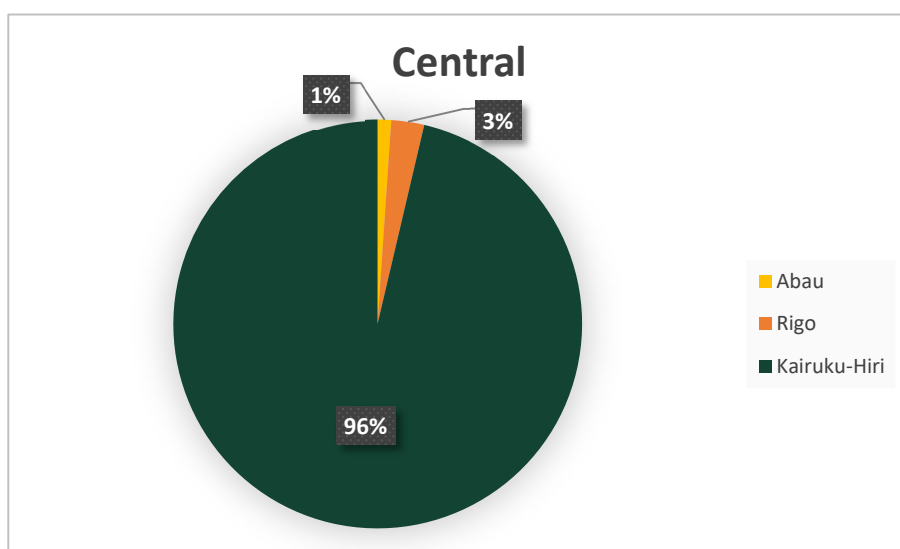
Distance Travelled

Vehicle Class	Q1	Q2	Q3	Q4	YTD total
4WD	55,434	31,435	21,339	30,802	139,010
2WD	40,927	66,805	103,260	113,101	324,094
Specialist Ambulance	49	159.6	21.1	321.7	551.4
Rapid Response and Command Vehicle	18,948	20,935	24,528	21,082	85,493
Administration	25,918	19,608	16,504	40,780	102,810
Total (km)	141,277	138,942	165,652	206,086	651,958



Central Province Incidents by Electorate

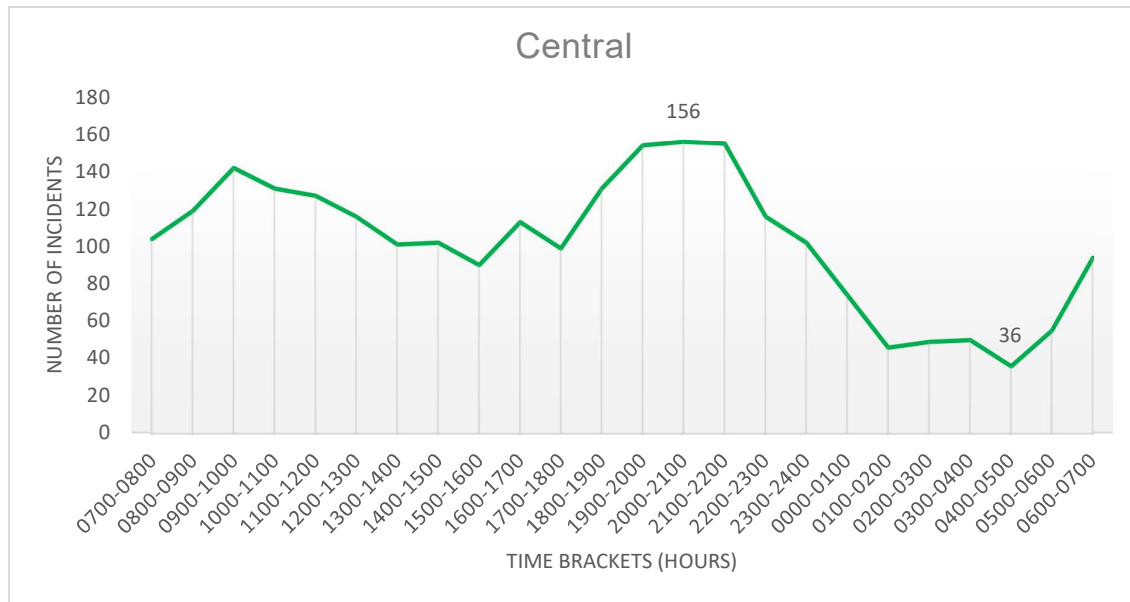
ELECTORATE	2021	%	2022	%	Variance	Total YTD
Abau	11	1	29	1	18	29
Rigo	39	3	72	3	33	72
Kairuku-Hiri	1,372	96	2,650	96	1,278	2,650
Goilala	0	0	0	0	0	0
Total	1,422		2,751		1,329	2,751





Peak Call Periods

We keep track of the times at which calls for help are received. For Central Province, most of the calls are received between 09:00 – 10:00 hours during the day while the least number of calls are received between 04:00 AM –05:00 AM.



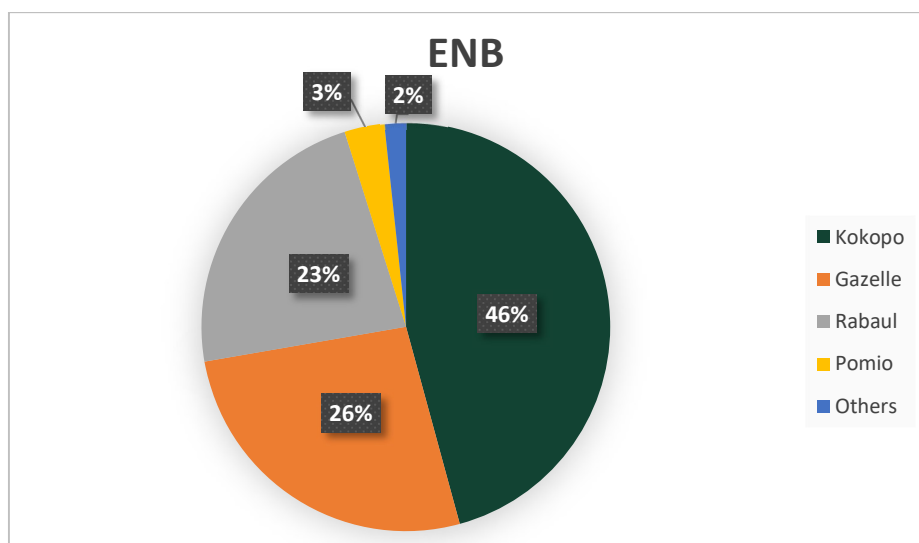
Distance travelled

Vehicle Class	Q1	Q2	Q3	Q4	YTD total
Land cruiser	3,515.4	1,248	19,337	12,703	36,803
Total	3,515.4	1,248	19,337	12,703	36,803



East New Britain Incidents by Electorate

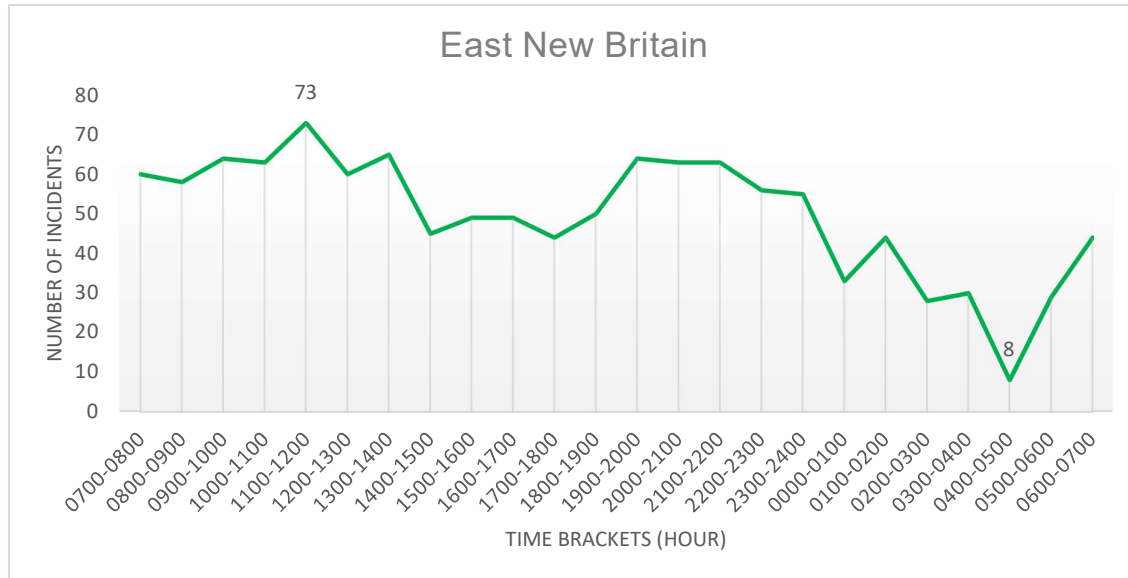
ELECTORATE	2021	%	2022	%	Variance	Total YTD
Kokopo	409	49	490	46	81	490
Gazelle	170	21	284	27	114	284
Rabaul	162	20	245	23	83	245
Pomio	87	11	34	3	-53	34
Others	0	0	18	2	18	18
Total (km)	828		1,053		243	1,071





Peak Call Periods

We keep track of the times at which calls for help are received. For East New Britain Province, most of the calls are received between 11:00 – 12:00 hours during the day whilst the least number of calls are received between 04:00 AM – 05:00 AM.

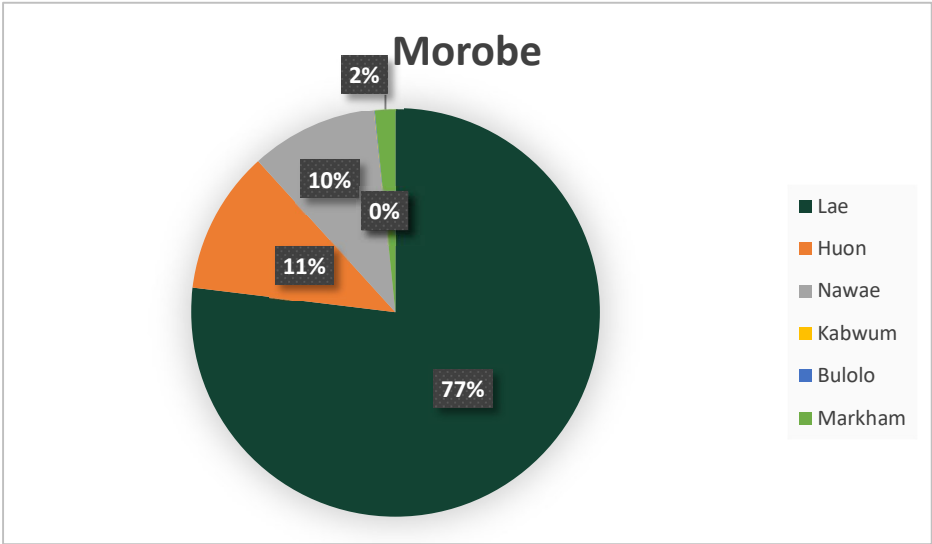


Distance Travelled

Vehicle Class	Q1 2022	Q2 2022	Q3 2022	Q4 2022	YTD total
Land cruiser Ambulance (4WD)	5,009	0	0	2,569	7,578
Other Ambulance (2WD)	7,447	9,373	7,019	443.6	24,283
Command Vehicle	3,582	3,299	5670.3	6,217	18,768
Total (km)	16,037	12,672	12,690	9,230	50,628

Lae City & Morobe Province Incidents by Electorate

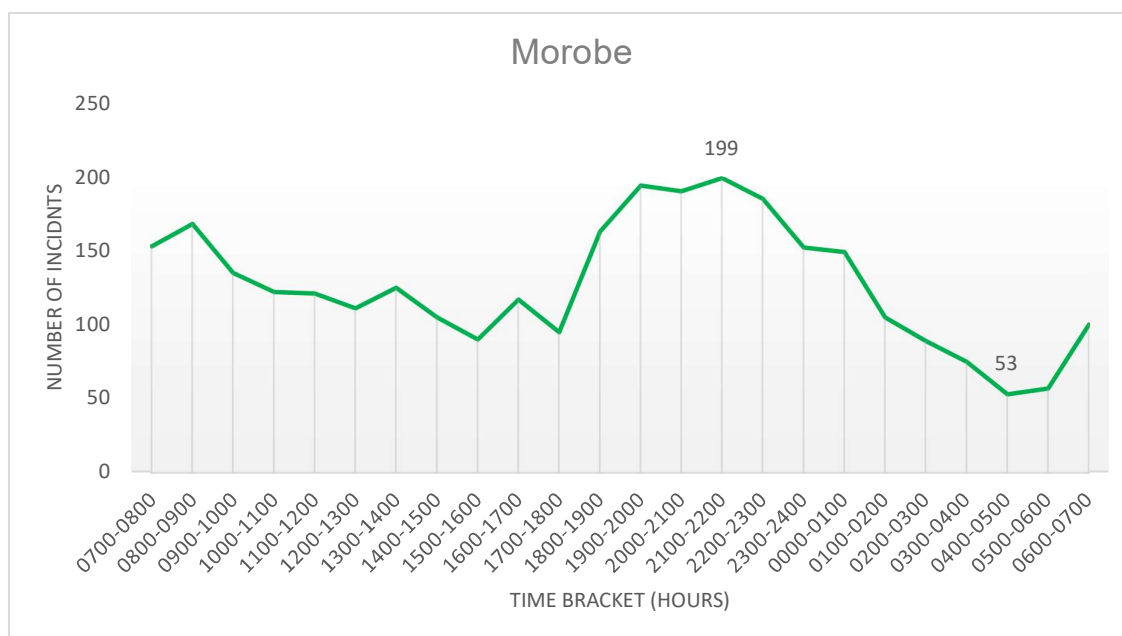
ELECTORATE	2021	%	2022	%	Variance	Total YTD
Lae	405	93	2,209	77	1,804	2,209
Huon	13	3	325	11	312	325
Nawae	18	4	288	10	270	288
Kabwum	0	0	1	0	1	1
Bulolo	0	0	1	0	1	1
Markham	0	0	47	2	47	47
Total	436		2,871		2,435	2,871





Peak Call Periods

We keep track of the times at which calls for help are received. For Morobe Province, most of the calls received are between 21:00 – 22:00 hours during the night and the least number of calls come at 04:00 AM – 05:00 AM.

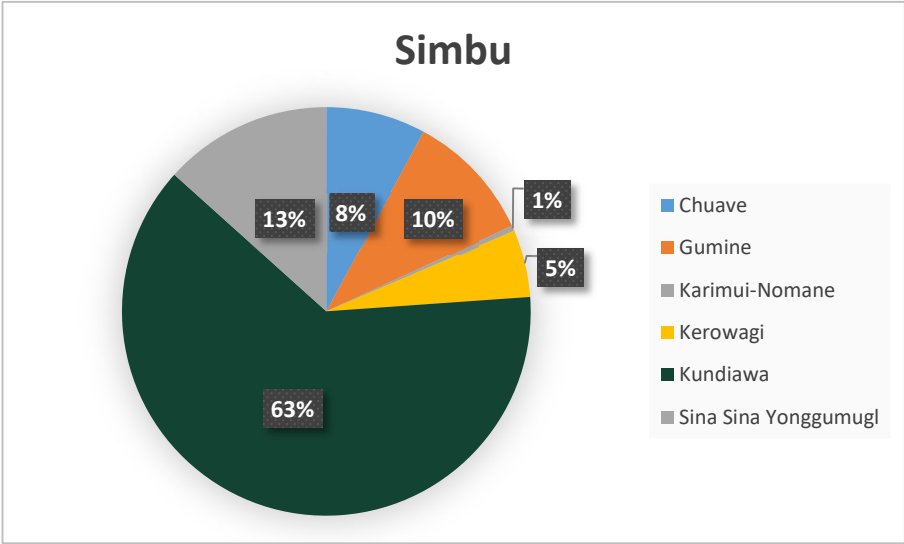


Distance Travelled

Vehicle Class	Q1 2022	Q2 2022	Q3 2022	Q4 2022	YTD total
Land cruiser Ambulance	5,009	0	0	2,569	7,578
Other Ambulance	7,447	9,373	7,019	443.6	24,283
Command Vehicle	3,582	3,299	5670.3	6,217	18,768
Total (km)	16,037	12,672	12,690	9,230	50,628

Simbu Province **Incidents by Electorate**

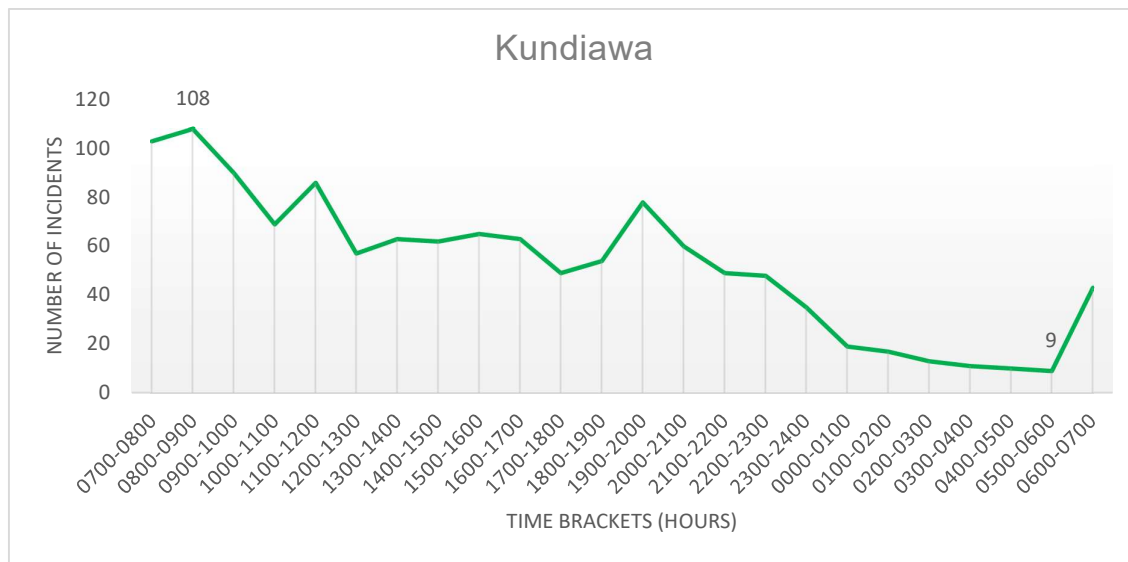
ELECTORATE	2021	%	2022	%	Variance	Total YTD
Chuave	17	5	74	8	57	34
Gumine	32	9	96	10	64	53
Karimui-Nomane	2	1	4	0	2	2
Kerowagi	31	8	50	5	19	32
Kundiawa	208	56	589	63	381	308
Sina Sina Yonggumugl	81	22	125	13	44	78
Total	371		938		567	507





Peak Call Periods

We keep track of the times at which calls for help are received. Most of the calls for Kundiawa are received between 08:00 – 9:00 hours during the day whereas the least number of calls are received at 05:00 AM– 06:00 AM.



Distance travelled

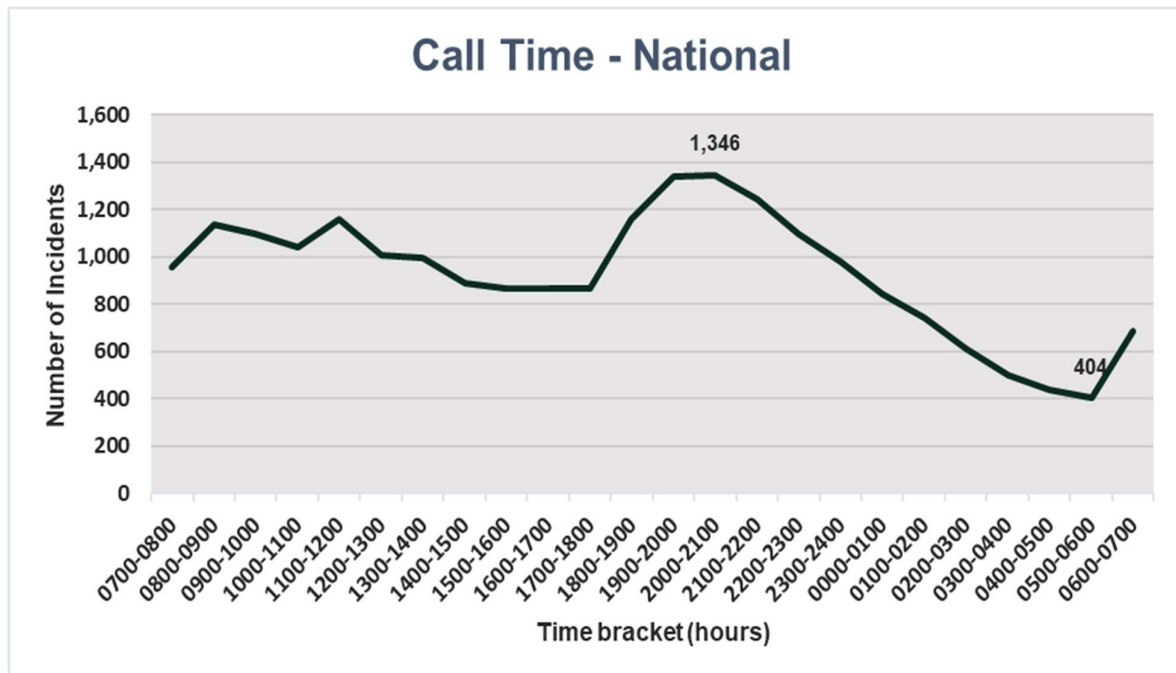
Vehicle Class	Q1 2022	Q2 2022	Q3 2022	Q4 2022	YTD total
Land cruiser Ambulance	11,296	9,751	10,202	127.8	31,377
Total (km)	11,296	9,751	10,202	128	31,377



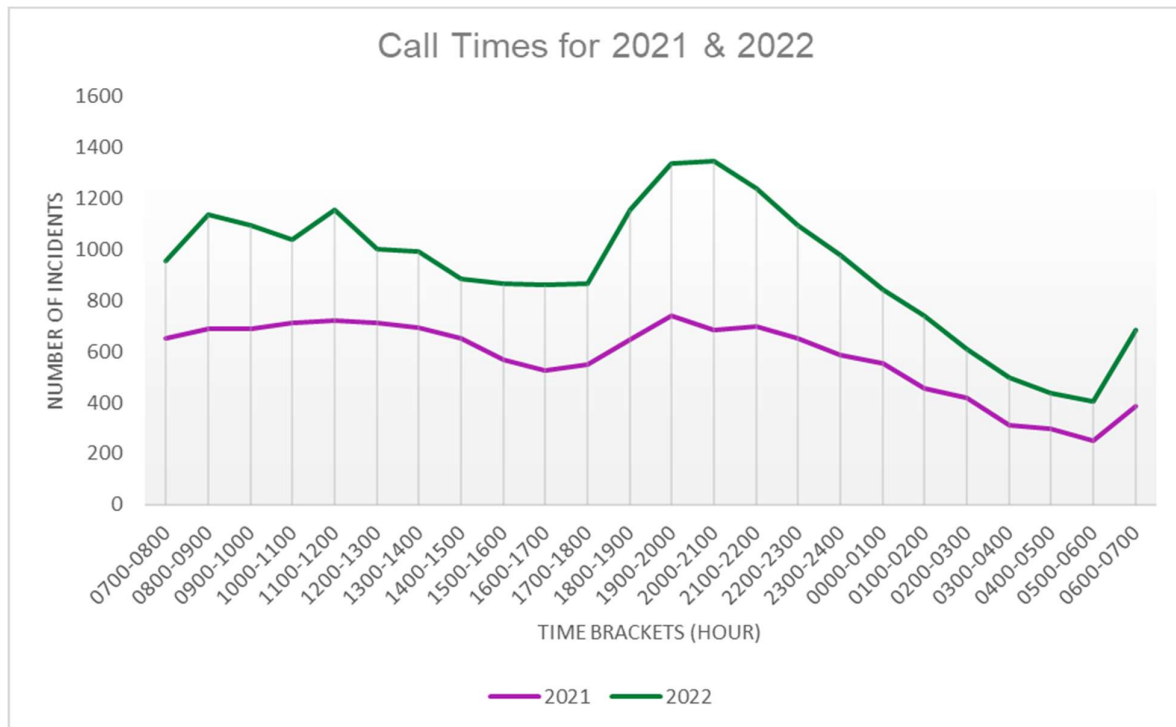
Peak Call Periods

We keep track of the times in which calls for help are received.

For this year, the highest number of calls for help were received between 20:00 - 21:00 PM with a total of 1,346 calls. The least number of calls during the year was received between 05:00 – 06:00 hours.



During the reporting period, the busiest time for St John Ambulance was between 11:00-12:00 hours during the day and 20:00-21:00 hours during the night. (Daytime period: 06:00 to 18:00); Night-time period: 18:01 to 05:59)



CEO's Analysis

There has been a significant increase in incidents overall for NCD, specifically in the Moresby North East electorate with 41% compared to other electorates in the nation's capital

In Central, Kairuku Hiri, the largest district accounted for the most incidents attended with 96% in 2022. Moving forward, the Kairuku-Hiri district will be separated into Hiri Koiari and Kairuku.

Kokopo district in East New Britain accounts for 46% of the total incidents for the province this year.

In Morobe, Lae city accounted for most of the incidents with 77% compared to other electorates. The incidents were attended to within the city area due to road conditions and distance. Kundiawa has seen an overall increase of 63% compared to other electorates in Simbu Province.





Air Ambulance

Missions

Helicopter	2021	2022	YTD average
Southern	4	7	6
Momase	7	0	3
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
Total	11	7	9

Fixed wing	2021	2022	YTD average
Southern	13	6	10
Momase	13	11	12
NGI	13	16	15
Highlands	12	8	10
Australia	6	7	0
International (other)	0	0	0
Total	57	48	53

Flight Hours

The total hours flown by air to provide care during this period are shown below.

Helicopter	2021	2022	YTD average
Southern	15	15	15
Momase	8	4	4
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
Total hours	15	19	19

Fixed wing	2021	2022	YTD average
Southern	36	9	23
Momase	31	27	29
NGI	42	59	50
Highlands	26	20	23
Australia	40	38	39
International	33	0	17
Total hours	207	153	180



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.

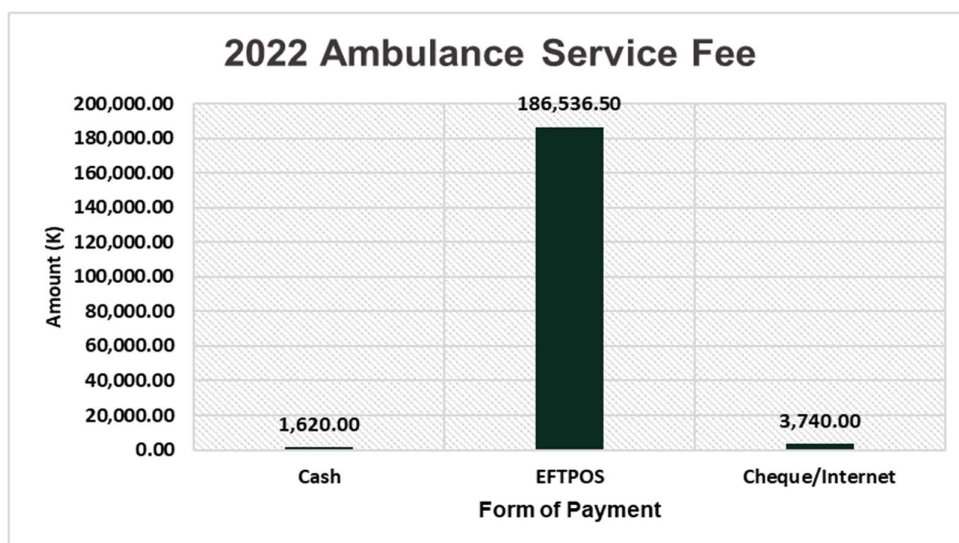
The average 'real' expenses incurred helping one patient is estimated at PGK 800. However over 98% of patients are public patients, so SJA provide the service to them entirely free.

Sometimes patient request St John 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. St John 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 2022 amounted to PGK191, 896.50. This helped subsidise the free public ambulance service.

There was a K50.00 cash donation in Q4.



Form of Payment	2021	2022
Cash		1,620.00
EFTPOS		186,536.50
Cheque/Internet		3,740.00
Total (PGK)	141,605.00	191,896.50



Ambulance Service
Papua New Guinea

Key Performance Indicators

Ambulance Service

Title	Target	Indicator	Result
CALL ANSWERING TIME	Calls to 111 are answered by the telephonist within 90 seconds on average	PABX call-logs	13 seconds
DISPATCH TIME (NCD)	An ambulance is dispatched to life-threatening medical emergencies within 5 minutes on average of the call being received by St John in Port Moresby.	CAD Dispatch logs	2 minutes 28 seconds
DISPATCH TIME (Regional)	An ambulance is dispatched to life-threatening medical emergencies within 10 minutes on average of the call being received by St John in rural areas	CAD Dispatch logs	3 minutes 8 seconds
RESPONSE TIME (NCD)	An ambulance arrives on scene within 12 minutes from the time of call for 1A cases, $\geq 90\%$ of the time	CAD Dispatch logs	14 minutes 2 seconds
RESPONSE TIME (Regional)	An ambulance arrives on scene within 15 minutes from the time of call for 1A and 1B cases, $\geq 90\%$ of the time	CAD Dispatch logs	42 minutes 33 seconds
PATIENT SATISFACTION	$\geq 90\%$ of patients report being satisfied or very satisfied with St John's service	Patient Experience Survey	97.13% Satisfaction
CALLER SATISFACTION	$\geq 90\%$ of callers report that the 111 call-taker was helpful	Council of Ambulance Authorities Patient Survey	89.21% caller satisfaction



Ambulance Service

Name	Target	2021	2022
Minimum ambulance crewing	The number of ambulances on duty meets that required in Annexe A 90% of the time.	Not reported	88%. Measured through End of Shift Report
Response time (NCD Median) 1A	An ambulance arrives on scene within 11 minutes from the time of the call for 1A incidents in NCD	13 minutes	14 minutes
Response time (NCD Median) 1B, 1C	An ambulance arrives on scene within 20 minutes from the time of the call for 1B & 1C incidents in NCD	18 minutes	29 minutes
Referrals (Reservist Stations)	80% of Central Province referral incidents to PMGH are met midway by NCD ambulance.	N/A	60.5% achieved. Measured through CAD. Did not meet the target due to A130 being off-road and continuous maintenance throughout the year.
Patient Documentation	99% of ambulance incidents are documented by ambulance crews using AMII eMR.	N/A	91% compliance for the month of December.
Document all instances that an ambulance arrives at the scene or has the patient contact	An eMR is completed for 100% of instances where a crew arrives on scene, even if the patient is not located.	N/A	Work in progress



National Ambulance Coordination Centre (111)

The National Ambulance Coordination Centre (NAAC) is the hub for the 111-emergency call center and ambulance dispatching systems. It facilitates communication with and coordination of the ambulance service across NCD, Central 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	2021	2022
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.	4 minutes. There needs to be additional training for all the dispatchers. The new dispatchers must be 100% confident when dispatching a vehicle.	3 minutes 34 seconds
Skill Maintenance	Skills Maintenance and reaccreditation program implemented for all NACC roles	All ambulance and NACC staff had a personalized skills assessment log tailored to their operational scope.	93% achieved. 3 weeks of coaching and mentoring sessions for 11/full-time call takers by Paramedic Trainers of St John Ambulance Australia in November of 2022. <ul style="list-style-type: none"> - 4/4 Duty Operation Commanders and 10/10 phone operators benefited from relevant cross-functional skills offered during sessions conducted by a Paramedic Trainer from St John Ambulance Australia. - Reaccreditation training was conducted in Q1 and Q3 2022 only.
Use of call-taking script	The call-taker completes the call-taker script for 100% of genuine calls	In progress	99% achieved. Random selection of 6 cases each week reviewed for use of script.
Feedback to call-takers	2 calls are randomly selected each week with feedback given to the call-	In progress	72.5% achieved. Feedback is given to call takers by the NAOC manager.



Ambulance Service
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	taker by registered paramedics		
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**Ambulance Service
Papua New Guinea**

BACKGROUND INFORMATION

Background and history

St John Ambulance Service provides the majority of first responses to medical emergencies in Papua New Guinea (PNG).

St John is a trusted Papua New Guinean civil protection charity that has operated as an independent non-government statutory body since 1976. St John Ambulance is engaged by the National Department of Health (NDOH) under a Memorandum of Agreement (MOA) to provide PNG's primary emergency ambulance services.

In 1983, the NDOH assigned responsibility to St John for operating the emergency ambulance service in PNG's southern region. Since this time St John has been engaged by provincial governments and health authorities to operate ambulance stations in respective provinces.

St John Station Locations

St John 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. St John has stations in each of the following towns:

- Port Moresby
- Baruni
- Bereina
- Lae
- Kundiawa
- Kokopo



About the ambulance service

The St John ambulance service is the primary mechanism for delivering prehospital care to the community. Well-coordinated prehospital care is an essential component of an effective emergency care system.

The ambulance service, sometimes referred to as an emergency medical service, provides urgent pre-hospital treatment and stabilization for people with serious illnesses and injuries and transports them to the hospital.



St John Ambulance 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 St John national ambulance control center (NACC) based in Port Moresby. The control center will then dispatch suitable ambulance resources for the situation.

How is 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 St John also uses aircraft and boats to access patients in rural and remote areas. St John also has a special operations team and rescue squad that provides technical rescue and retrieval services.

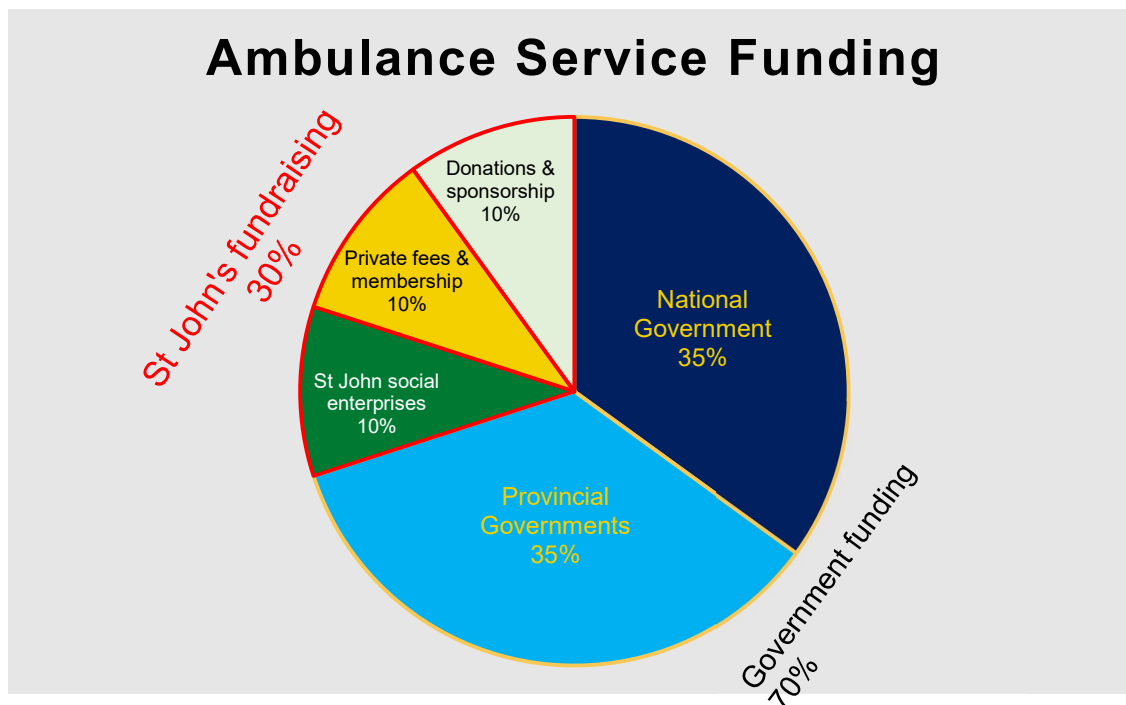
The ambulance service has a key role in supporting quality health services, minimising degree of injury and reducing fatalities. Ambulance response times significantly impact patient survival in critical emergencies. St John works hard to strategically manage ambulance resources to ensure rapid response 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 raise 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 St John unique in how it delivers value and service to Papua New Guineans?

St John's status as a civil 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 St John'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, St John 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.



St John's place in the health care system

St John 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 St John. Over the years, government has been challenged to provide ambulance services and has relied upon St John to provide this technical emergency service. St John provides similar ambulance services for government in many other countries, including Australia, United Kingdom, New Zealand.



An Emergency Service and a Health Service

St John provides one of PNG's designated emergency services, alongside the Royal Papua New Guinea Constabulary and the National Fire Service. St John's collaborative partnerships with these services enables 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

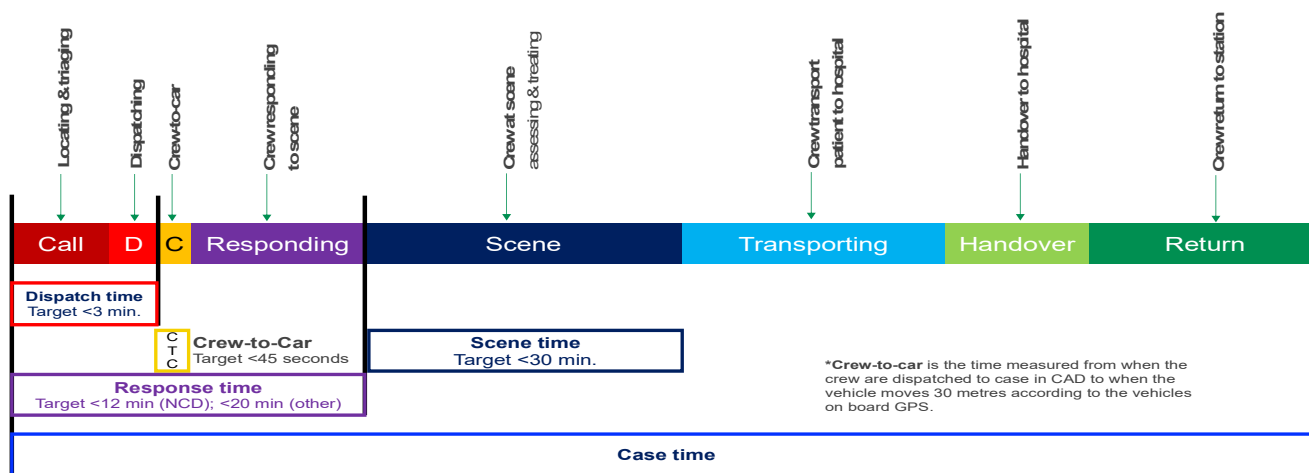


These definitions match that of the Council of Ambulance Authorities Australasia's Report on Government Services.

For information on response priorities see Annexe B

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	A patient is someone assessed, treated, or transported by the ambulance service.	Patients are counted by the number of episodes. Patients may be the subject of more than one (1) episode per year. 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 St John's eMR system.

Key Incident Time Intervals





Definitions of response priorities

Response Code	Problem	Degree of urgency	Lights & Sirens	Recommended number of ambulances to send	Target Time to patient location from time of call (<i>median</i>)
1A	Immediately life-threatening problem e.g., cardiac arrest, ineffective breathing	Immediate Highest priority response. Closest ambulances to respond.	Yes	Minimum 3, preferably 4.	Within 10 minutes (Ideally less than 8 minutes)
1B	Potentially life-threatening problem e.g., unconscious	Immediate High priority	Yes	1 – 2	Within 15 minutes
1C	Possible life-threatening emergency e.g., breathing problem or chest injury, or serious bleeding	Priority	Yes	1 - 2	Within 15 minutes
2A	Unlikely threat to life. e.g., abdominal pain	Urgent	No	1	Within 30 minutes
2B	No threat to life e.g., unwell for days, limb injury	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	



**Ambulance Service
Papua New Guinea**



Papua New Guinea
Since 1957

St John 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
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