

OFFICIAL



National Department of Health



Ambulance Service Activity Report Quarter 2 2024

1 APRIL – 30 JUNE 2024

A service provider of the National Department of Health



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Introduction

The National St John Ambulance's role as an ambulance service: the National St John Ambulance Service (NStJA) is a statutory organisation governed by its own Act of Parliament. NStJA reports to the Ministry for Health through the National Department of Health. As a Papua New Guinean statutory body, our mission is to provide timely and professional emergency medical services as a service agency of the National Department of Health.

NStJA provides emergency ambulance services in PNG. The service operates 24 hours from stations in Port Moresby, Central Province, Kokopo and Lae. Ambulance services are provided at no cost to citizens needing care and transport to a public health facility in an emergency situation. There are service charges applicable for individuals requiring transport to private hospitals, for non-citizens or non-emergency services. These charges ensure the service can continue to provide essential services across the community.

Funding: NStJA is subsidised by funding from the government and NStJA's own community fundraising. The national Treasury supports operating costs for the 111 National Ambulance Operations Centre, administration, and management functions. Provincial governments support the staffing and operating costs for ambulance services in their respective provinces. Other sources of revenue for NStJA include fees paid by private patients and non-citizens, memberships, and direct donations. NStJA 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 2024 (1 April to 30 June 2024). It delves into various dimensions of these activities, including clinical outcomes, demographic details of the patients served, and the geographical distribution of service calls. The analysis spans across all the provinces in which the NStJA operates, providing a holistic view of the service's impact and performance during this period. Through this detailed examination, the report aims to present a clear picture of the operational effectiveness and the diverse needs addressed by the ambulance service.



Summary of Quarter 2 2024

Ambulance Service Data

Table 1: Ambulance service summary data, Q2 2024 vs Q1 2024

Metric	Q1 2024	Q2 2024	% change
Emergency calls handled 📞	26,820	25,532	-5%
Emergency incidents 🚒	9,607	10,596	10%
Patients helped * 🧑	7,071	7,500	6%
Patients transported 🚑	6,123	6,255	2%
Distance covered (km) 📏	260,583	291,856	12%
Caller satisfaction 👍	96.3%	83.0%	-14%
Patient satisfaction 😊	93.7%	93.3%	-0.4%

*Patients assisted by ambulance (treated at scene and/or transported to hospital) that are documented using an electronic medical report system.

National Time-based Operational Performance Measures

Table 2 provides an overview of the national operational performance for this quarter. Where response times exceeded the target, this was primarily due to the distance and geographical challenges between the station and the patient's location, as well as the availability of an ambulance at the time of the call.

Table 2: Time-based operational performance measures, national, Q2 2024

Category:	Priority 1A		Priority 1B & 1C		All other priorities P2, P3, P4, P5, P6	
Urgency:	Critical		Urgent		Non-urgent	
Timing:	Target	Q2	Target	Q2	Target	Q2
Dispatch time (median)	3 minutes	3 mins 20 secs	3 minutes	26 mins 5 secs	Case dependent	46 mins 23 secs
Response time (median)	12 minutes	17 mins 2 secs	15 minutes	57 mins 22 secs	Case dependent	89 mins 13 secs
Scene time (median)	30 minutes	19 mins 47 secs	30 minutes	17 mins 54 secs	Case dependent	18 mins 53 secs
Overall Case time (median)	1 hr 15 mins	1 hr 17 mins	2 hours	1 hr 50 mins	Case dependent	2 hrs 33 mins



Ambulance Staff Trained

Table 3: Number of ambulance staff trained Q2 2024 vs Q1 2024

Courses	Q1 2024	Q2 2024
First Responder 🚒	New course being developed	18
Ambulance Officer 🚑	Reaccreditation training delivered	-
RAO/RAD 👤	-	-
Total	-	18

Public Trained in First Aid

Table 4: Number of people trained in first aid, and student satisfaction, Q2 2024 vs Q1 2024

Metric	Number trained			Student satisfaction 😊	
	Q1 2024	Q2 2024	% change	Q1 2024	Q2 2024
Free First Aid in Schools 🏫	275	4,473	1,527%	NA	NA
First Aid for Work* 👷 👤 👤	611	726	19%	94.17%	97.18%
Public Awareness 🗣️	470	280	-40%	NA	NA
Hosp Advanced Resus'n 🚑	-	33	-	-	100%
Total	1,356	5,512	306%		

* Workplace first aid includes L1 (BEFA), L2 (PSFA), L3 (AFA).

Resourcing

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

Table 5: Public ambulances on duty available at any one time, by province, 30 June 2024

24-hour resources	NCD	Central	Morobe	ENB	Total
Advanced Life Support	1	-	-	-	1
Basic Life Support	5	-	2	1	8
Reservist	-	2	-	-	2
Paramedic / HEO standby	1	1	-	-	1
Total	7	3	2	1	13



Table 6: On-call resources, by province, 30 June 2024

On-call resources	NCD	Central	Morobe	ENB	Total
Reservist	-	2	-	-	2
Advanced Life Support	-	-	-	-	-
Paramedic	4	-	-	-	4
Doctor	2	-	-	-	2
Command	2	-	1	1	4
Total	8	2	1	1	12

The number of operational and corporate staff in each province is summarised below. The workforce figures represent staffing as at 30th June 2024:

Table 7: Staffing levels (headcount), by province, 30th June, 2024

Province	NCD	Central	Morobe	ENB	Total
Clinical staff					
RAO	7	-	6	4	17
RAD	2	8	10	1	21
AO2	3	-	-	-	3
TAO	1	-	-	-	1
QAO	35	-	5	3	43
EMT	2	-	1	-	3
Ambulance Nurse/ HEO	8	-	-	-	8
Paramedic (incl management)	3	-	-	-	3
RAMO (medical officer)	1	-	-	-	1
RN / HEO - clinical projects	2	2	2	2	8
Support Services Staff					
Fleet & Maintenance	20	-	-	-	20
Service Planning	3	-	-	-	3
All Other	35	-	-	-	35
HQ staff					
Finance	7	-	-	-	7
People Workforce & Culture	6	-	-	-	6
Office of CEO	7	-	-	-	7
Enterprise & Education	15	-	-	-	15
Clinical	10	-	-	-	10
Total	167	10	24	10	211
Ambulance staff with leadership qualifications	LEAP:	7	L&M:	8	

Police help with initial Medical first response

21 May 2024

It was a typical Wednesday afternoon in Lae on 21 May, bustling with its usual activities, when we encountered two serious emergencies called in within 10 minutes of each other, requiring immediate and full use of our available resources.

Both on-duty ambulances in Lae were attending emergencies, one of which involved a high-priority trauma victim who was unconscious at Kamkumung. At 4:20 PM, the National Ambulance Operations Centre received another distress call, this time from Talair compound about a serious emergency involving a boy trapped beneath a fallen dry coconut tree. Although unconscious, he was breathing with minimal chest bleeding. Unfortunately, there were no resources available for the second incident.

To ensure help reached the patient quickly, the National Ambulance Operations Centre called upon the assistance of the Lae police to get to the scene first until the ambulance could be dispatched. Despite their lack of medical training, the police promptly dispatched a unit to assist the boy. By the time they arrived, he had been freed and was awaiting transport to the hospital. The boy was treated by the Lae ambulance crew and was transported to hospital.

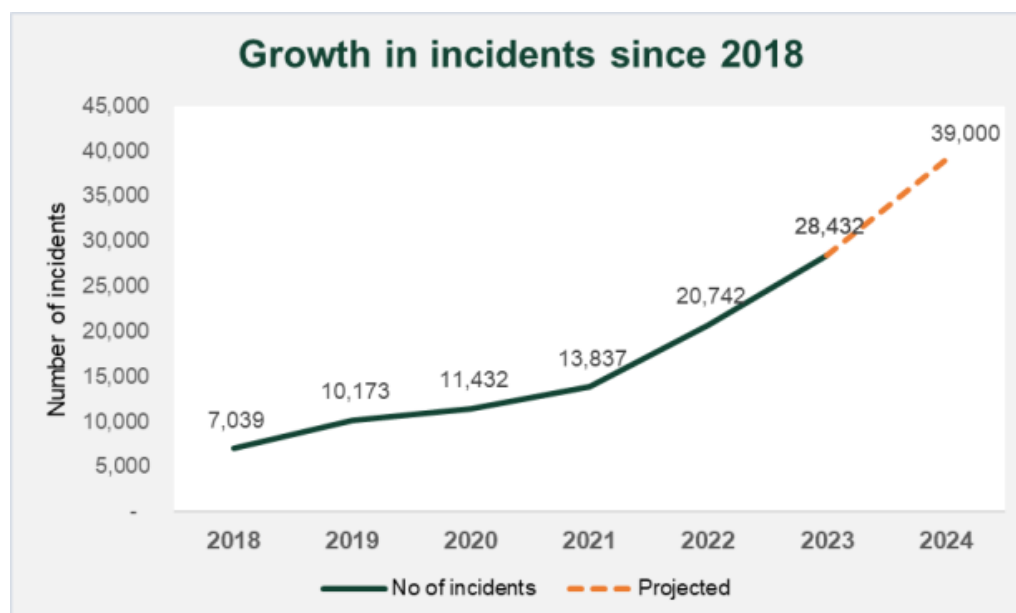
We are immensely grateful for the assistance provided by the Lae Police. This experience highlights the critical need for robust emergency response resourcing, as well as the benefits of good communication systems to ensure swift assistance in future emergencies. The unwavering dedication and commitment of our staff to ensuring swift assistance reaches those in need who dial 111 for help is commendable. We extend our gratitude to Regional Dispatcher Costner for his proactive efforts in securing assistance. This incident underscores the importance of exploring every available avenue to aid others.

National Performance Reporting

Emergency Incident Growth

The graph below illustrates the total number of incidents responded to since 2018. In the second quarter of 2020, NStJA began opening new ambulance stations in regional centres, starting with a station in East New Britain. This expansion is reflected in the subsequent increase in incidents and is expected to continue in 2024. Consequently, we have revised our 2024 incident estimate upward from 35,000 to 39,000 incidents, highlighting the increasing pressure on NStJA services.

Figure 1: Growth in clinical incidents since 2018





Incidents by Clinical Presentation (Medical Problem)

During the reporting period, NStJA attended to **10,596** incidents. This represents a 14% increase compared to the previous quarter in 2024. Table 8 below details the incidents categorized by clinical presentation.

Table 8: Incidents by clinical presentation Q2 2024 vs Q1 2024

Clinical Presentation	Q1 2024	Q2 2024	Change	
			Number	%
Bites/Stings	126	108	-18	-14%
Cardiovascular	296	309	13	4%
Gastrointestinal	894	801	-93	-10%
Medical general (other)	3,389	3,722	333	10%
Mental health	19	13	-6	-32%
Mortuary	59	76	17	29%
Motor vehicle collision	64	83	19	30%
Obstetric/ maternal	1,413	1,760	347	25%
Other trauma	1,353	1,428	75	6%
Respiratory	1,339	1,518	179	13%
Shooting	42	20	-22	-52%
Toxicology	66	60	-6	-9%
Transfer	547	698	151	28%
Total	9,607	10,596	989	10%

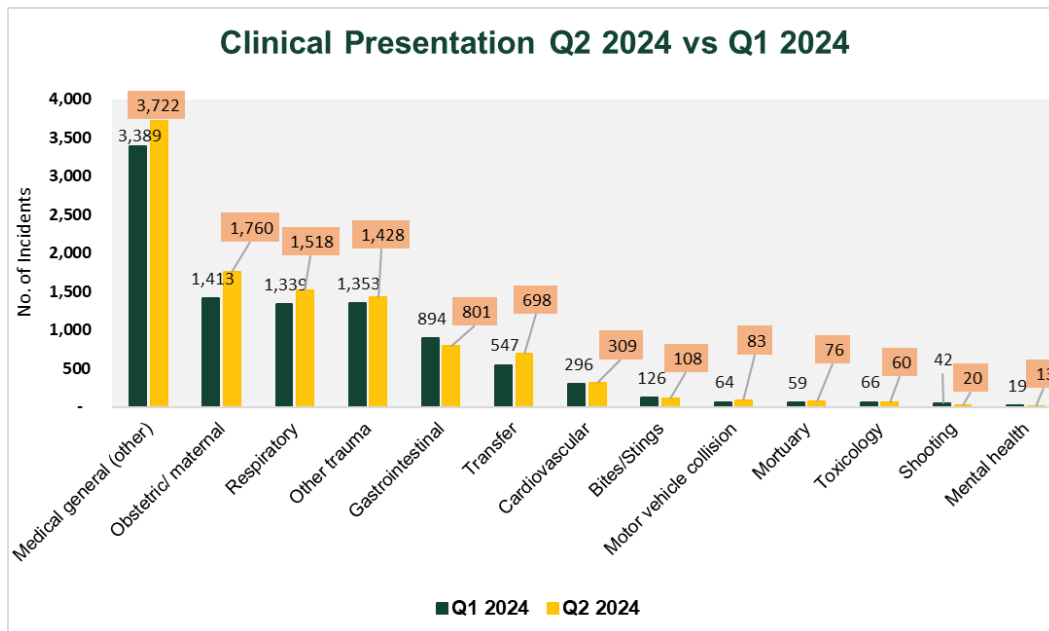
The majority of clinical cases in quarter two fell under the category of general medical issues, constituting 35% of all incidents. These are cases such as catch-all 'sick person', diabetic, headache, seizure, stroke, unconscious and back pain. Compared to the previous quarter, there has been a 30% increase in motor vehicle collisions and 28% in gastrointestinal incidents.

Trauma cases, including incidents involving motor vehicle collisions, toxicology, shootings, bites/stings and other trauma, have witnessed an 8% decrease since last quarter. Trauma constitutes 14% of the total incident workload. Obstetric/maternal cases account for 25% of all incidents, while respiratory cases make up 14% for this quarter.



Figure 2 shows the Q1 2024 incidents that NStJA attended nationally, by clinical presentation, in graphical format.

Figure 2: Clinical presentations Q1 2024 vs Q4 2023



Incidents by Province and Clinical Presentation

Table 9 indicates incidents by province and clinical presentation. We assisted a few patients in Simbu, even though we do not have an ambulance station there:

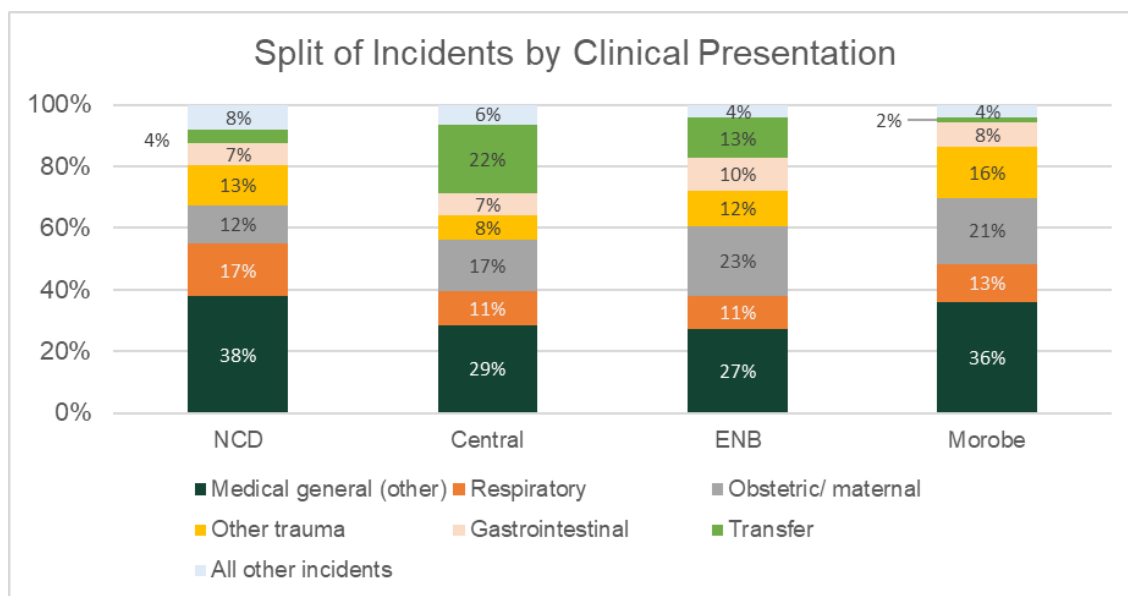
Table 9: Incidents by clinical presentation and province, Q2 2024.

Clinical Presentation	NCD	Central	ENB	Morobe	Total
Bites/Stings	35	49	1	23	108
Cardiovascular	181	30	21	77	309
Gastrointestinal	341	107	76	277	801
Medical gen'l (other)	1,847	435	201	1,239	3,722
Mental health	8	2	1	2	13
Mortuary	69	6	-	1	76
Motor vehicle collision	63	5	-	15	83
Obstetric/ maternal	601	253	166	740	1,760
Other trauma	649	124	85	570	1,428
Respiratory	839	166	79	434	1,518
Shooting	9	1	-	10	20
Toxicology	35	3	8	14	60
Transfer	207	341	97	53	698
Total	4,884	1,522	735	3,455	10,596



The distribution of clinical presentations varies significantly by province. For instance, obstetric and maternal cases constitute 23% of the workload in East New Britain, compared to an 12% in NCD. Additionally, the proportion of transfer incidents shows considerable variation, ranging from 2% in Morobe to 22% in Central. This variation highlights the diverse healthcare needs and service demands across different regions.

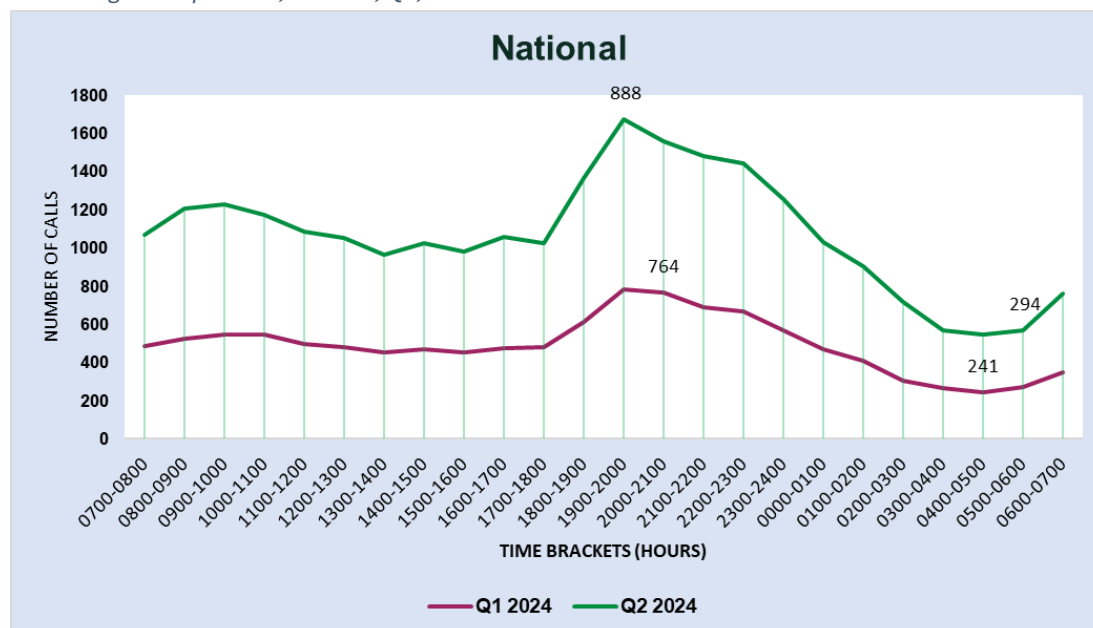
Figure 3: Split of incidents by clinical presentation, by province, Q2, 2024.



Peak Call Periods

We keep track of the times at which calls for help are received. For this quarter, the busiest time when calls for help are received is between **19:00 – 20:00** with a total of 888 calls, while the least number of calls received is between **05:00 – 06:00 AM** with a total of 294 calls.

Figure 4: Average calls per hour, national, Q2, 2024.

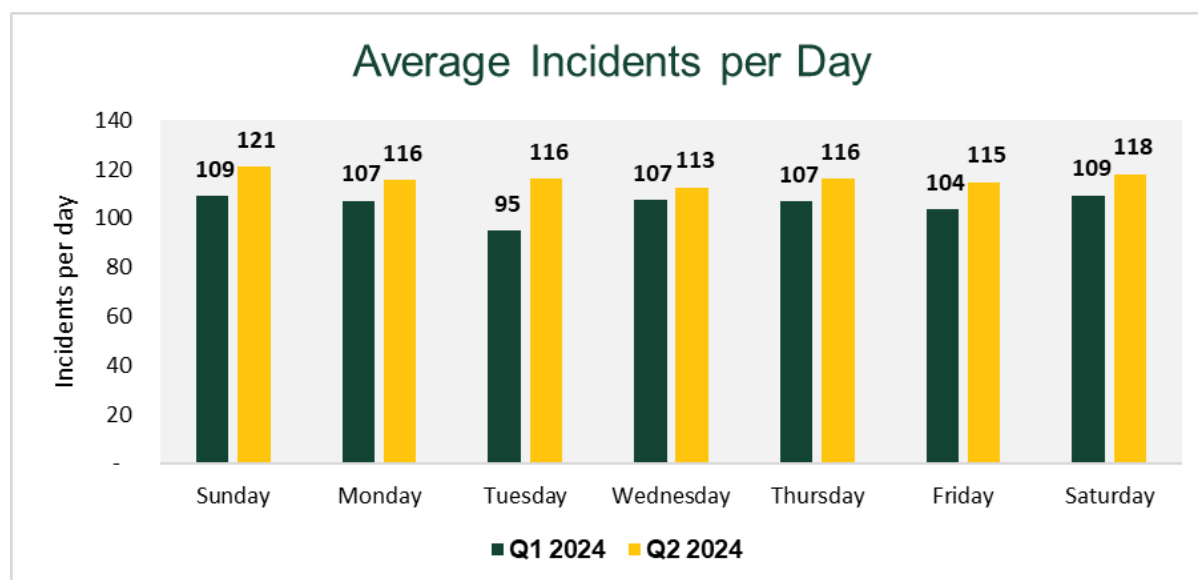




Average Cases per Day

The graph below indicates the average number of cases responded to per day in Q2 2024 in comparison to Q1 2024. The busiest day this quarter is **Sunday** while **Wednesday** is the quietest (**although there is minimal variation between days in this quarter**).

Figure 5: Average cases per day, Q2 2024 vs Q1 2024



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 targeted to increase the chances of survival.

Calls to 111 are assessed and triaged by NStJA 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. All category 1 calls receive a lights and sirens response. Other categories generally receive a response under normal driving conditions. The time to reach a patient can be affected by many factors. Some factors are relatively within NStJA'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 NStJA, 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 shown in the table below. Extended dispatch times indicate NStJA ambulances were not available at time of



call because they were attending to other incidents. The table demonstrates that NStJA triages calls and responds much faster to Priority 1A calls.

Table 10: Median dispatch times, by priority, Q2 2024.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5, P6
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	2 mins 57 secs	4 mins 17 secs	23 mins 51 secs	41 mins 23 secs
Central	2 mins 20 secs	7 mins 4 secs	42 min 0 secs	56 mins 8 secs
Morobe	5 mins 52 secs	8 mins 2 secs	34 mins 59 secs	42 mins 59 secs
East New Britain	5 mins 27 secs	6 mins 40 secs	31 mins 47 secs	62 mins 32 secs
National Median	3 mins 20 secs	5 mins 16 secs	30 mins 39 secs	46 mins 23 secs

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

Figure 6: Dispatch times by priority, national, Q1 2021 onwards

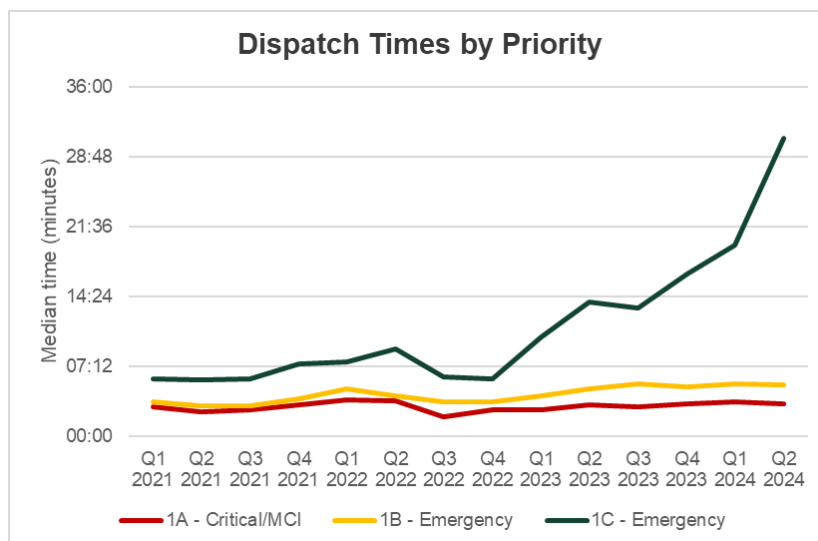


Figure 6 shows how dispatch times for different priority cases have changed over the last four years. As NStJA handles more emergency calls without an increase in resources (i.e. ambulance crews), the time it takes to dispatch a crew to third-highest priority emergencies (1C) has increased more than four-fold from 7 minutes in 2021 to over 33 minutes in 2024. This underscores the urgent need for additional resources to maintain short response times for all emergencies.

In the same time period, dispatch times for the highest priority emergencies (1A and 1B) have remained almost unchanged. This stability is attributable to having fewer 1A and 1B incidents and dispatchers being able to prioritise resources from 1C incidents to 1A and 1B when they occur.



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 minutes. NStJA targets 12 minutes in urban areas. This quarter's median response time in minutes and seconds is shown below for each province. Target response times are:

- Priority 1A: 12 minutes in urban areas, 30 minutes in rural areas
- Priority 1B: 15 minutes in urban areas, 35 minutes in rural areas

Table 11: Median response times, by priority, Q2 2024

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5, P6
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	14 mins 9 secs	19 mins 44 secs	51 mins 23 secs	69 mins 45 secs
Central	29 mins 41 secs	80 mins 45 secs	111 mins 48 secs	155 mins 27 secs
Morobe	19 mins 16 secs	26 mins 2 secs	60 mins 21 secs	67 mins 9 secs
East New Britain	31 mins 37 secs	42 mins 59 secs	80 mins 19 secs	102 mins 8 secs
National Median	17 mins 2 secs	23 mins 40 secs	62 mins 11 secs	89 mins 13 secs

Figure 7: Response times by priority, national, Q1 2021 onwards

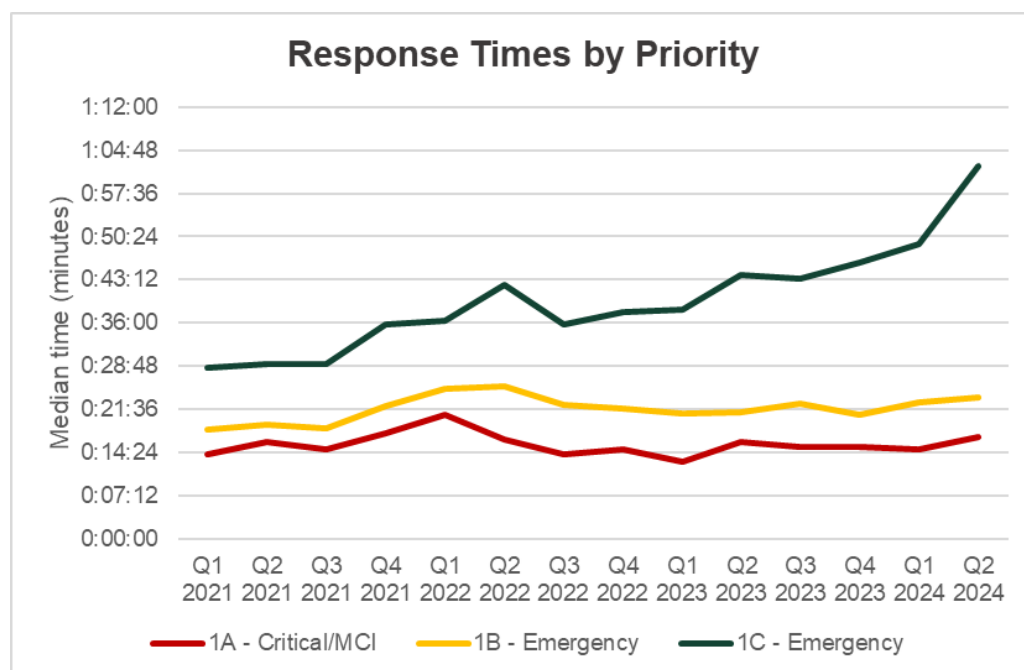




Figure 7 shows how response times for different priority cases have changed over the last 4 years. NSTJA is handling more emergency calls without a corresponding increase in resourcing (i.e. more ambulance crews). For priority 1C incidents, the time from when the call is received to the crew arriving at the scene has more than doubled from 28 minutes in 2021 to over 57 minutes in 2024. This highlights the need for more resources to keep response times short for all emergencies.

To improve response times and manage the growing number of emergencies, NSTJA needs government support for additional resources. Investing in more ambulances, staff, and equipment will ensure timely and effective responses to all priority cases, enhancing overall emergency medical services in the locations we serve in Papua New Guinea.

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 scene time in minutes and seconds. In most provinces, scene times were below target (30 minutes), indicating that crews treat and transport patients to hospitals efficiently.

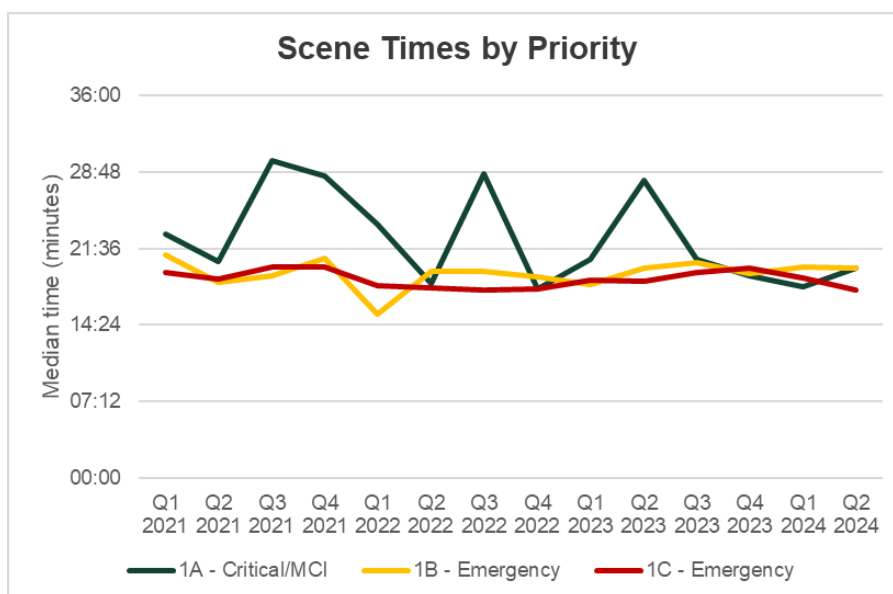
Table 12: Median scene times, by priority, Q2 2024.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5, P6
Urgency:	Critical	Urgent	Urgent	Non-urgent
NCD	19 mins 47 secs	19 mins 22 secs	16 mins 57 secs	17 mins 48 secs
Central	13 mins 22 secs	20 mins 29 secs	20 mins 29 secs	21 mins 50 secs
Morobe	26 mins 20 secs	20 mins 56 secs	17 mins 26 secs	19 mins 36 secs
East New Britain	15 mins 48 secs	13 mins 12 secs	17 mins 7 secs	17 mins 59 secs
National Median	19 mins 47 secs	19 mins 44 secs	17 mins 41 secs	18 mins 53 secs

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



Figure 8: Scene times by priority, national, Q1 2021 onwards.



Overall Case Time

Overall case time is the time between when the emergency call is received by NSTJA to when the ambulance arrives back at the station, (or is tasked to another emergency). The table below shows this median case time in minutes and seconds.

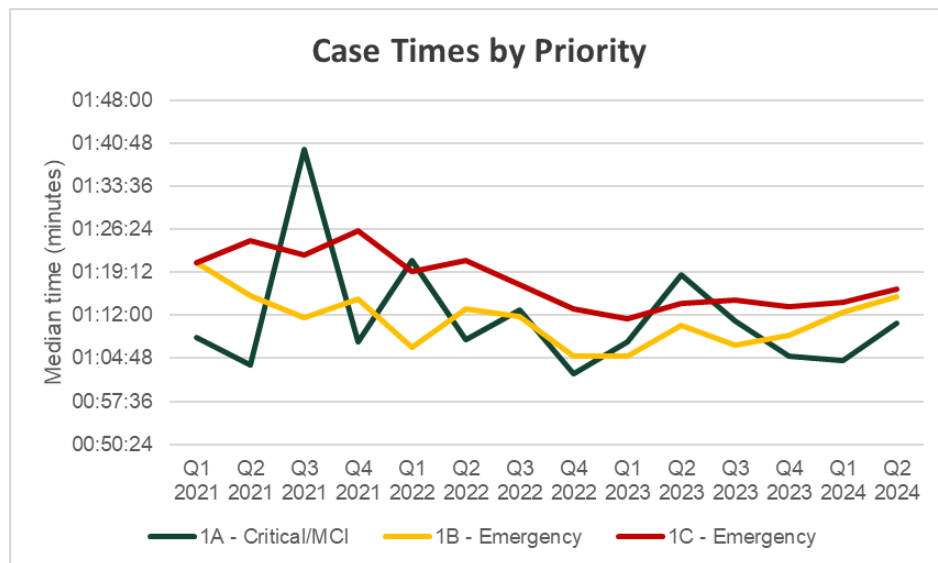
Table 13: Median case times, by priority, Q2 2024.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5, P6
Urgency:	Critical	Urgent	Urgent	Non-urgent
NCD	1 hr 18 mins	1 hr 8 mins	1 hr 12 mins	2 hrs 5 mins
Central	1 hr 38 mins	2 hrs 55 mins	2 hrs 26 mins	5 hrs 38 mins
Morobe	1 hr 17 mins	1 hr 4 mins	1 hr 6 mins	1 hr 57 mins
East New Britain	1 hr 1 min	2 hrs 26 mins	1 hr 35 mins	3 hrs 3 mins
National Median	1 hr 17 mins	1 hr 15 mins	1 hr 16 mins	2 hrs 33 mins

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



Figure 9: Scene times by priority, national, Q1 2021 onwards.



Distance Travelled and Fuel Consumption

In Q2 2024, there was a 22% increase in fuel consumption with an accompanying rise in distance travelled.

Distance Travelled

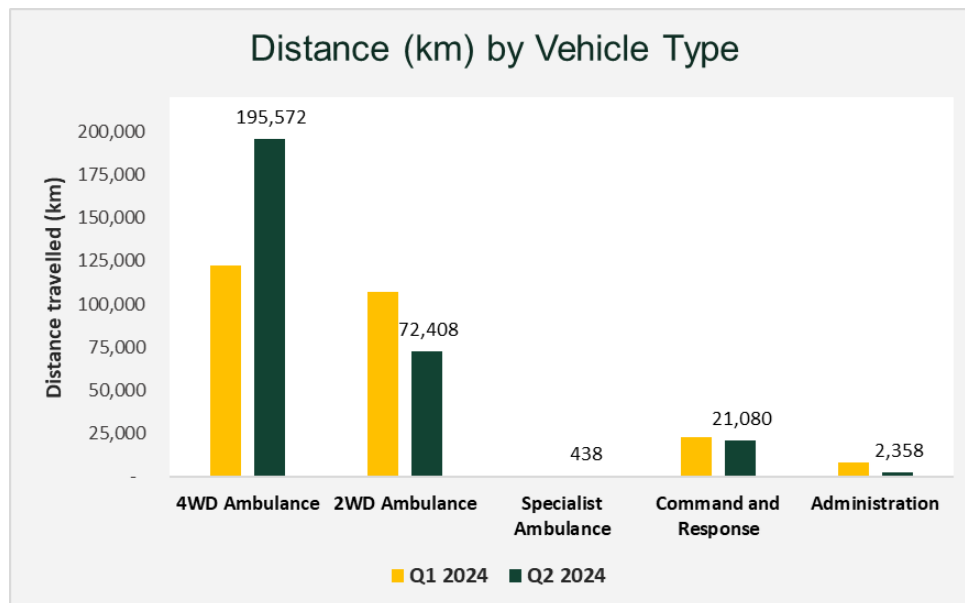
Nationally, a total distance of 260,583 kilometres was travelled last quarter. For this quarter, a total distance of **291,856 km** was travelled (31,273 km more than last quarter). This is illustrated in the following graph and table.

Table 14: Distance travelled by vehicle type (km), Q2 2024 vs Q1 2024

Vehicle Class	Q1 2024	Q2 2024	Change
4WD Ambulance	122,294	195,572	73,278
2WD Ambulance	106,879	72,408	-34,471
Specialist Ambulance	387	438	51
Command and Response	22,806	21,080	-1,726
Administration	8,216	2,358	-5,858
Total distance travelled	260,583	291,856	31,273



Figure 10: Distance travelled by vehicle type (km), Q2 2024 vs Q1 2024



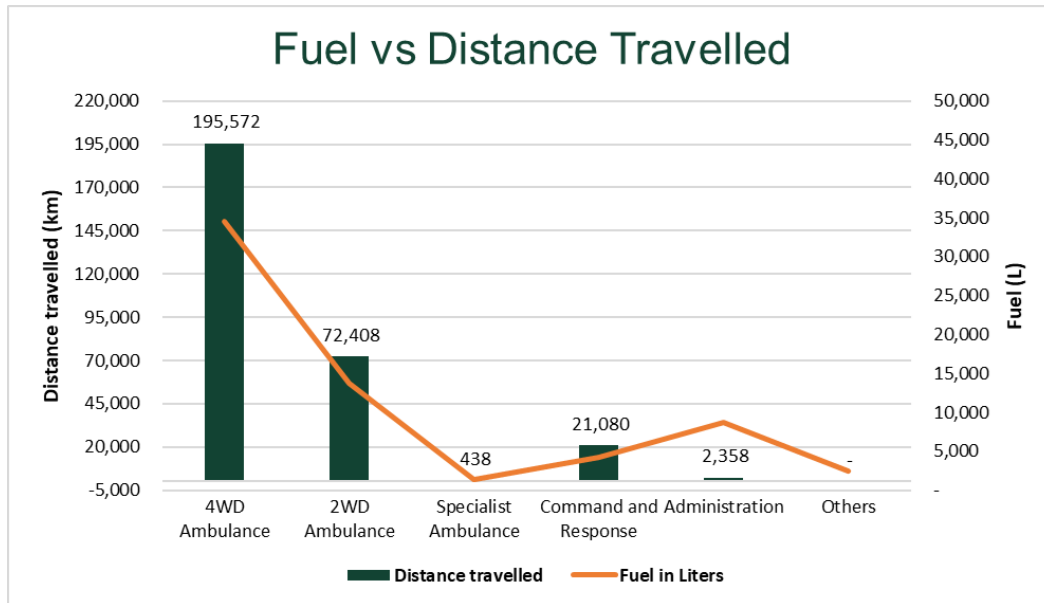
Fuel consumption

The table and chart below show fuel consumption in litres for Q2 2024 compared with Q1 2024, and fuel versus distance travelled, by quarter, for quarter two.

Table 15: Amount of fuel in litres consumed by quarter, Q2 2024 vs Q1 2024

Vehicle Class	Q1 2024	Q2 2024	Change
4WD Ambulance	28,079	34,515	6,436
2WD Ambulance	20,977	13,722	-7,255
Specialist Ambulance	168	1,367	1,199
Command and Response	3,995	4,198	203
Administration	4,306	8,718	4,412
Others	-	2,451	2,451
Total distance travelled	57,526	62,519	4,993

Figure 11: Fuel vs distance travelled, Q2 2024





Reporting by Province

National Capital District



Incidents by Electorate

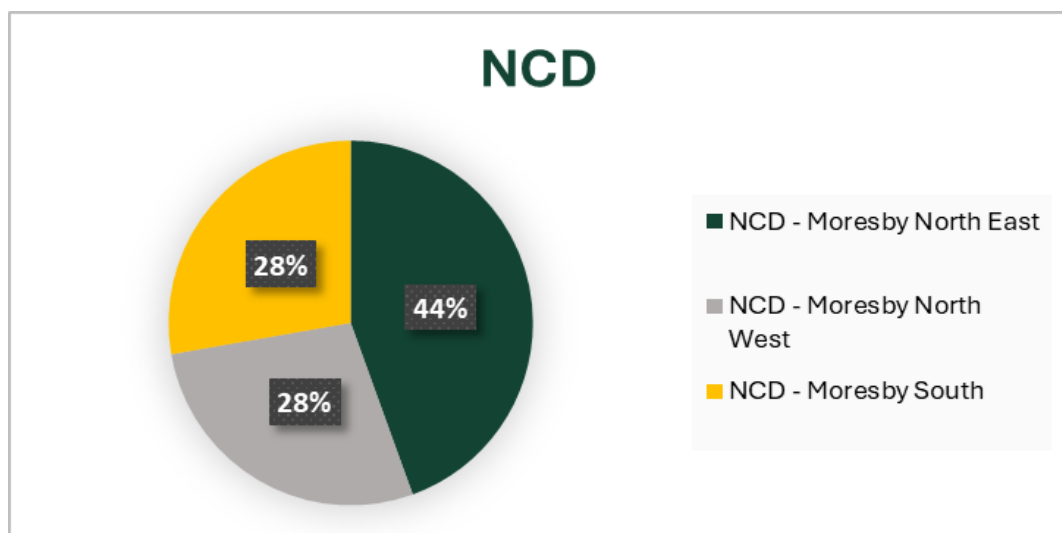
There has been an overall increase of 5% in (NCD) incidents. The most significant growth occurred in Moresby North-East, which experienced an 11% rise.

Table 16: Incidents by electorate, NCD, Q2 2024.

Electorate	Q1 2024	Q2 2024	% of total	Change	
				Number	%
NCD - Moresby North East	1,953	2,172	44%	219	11%
NCD - Moresby North West	1,362	1,357	28%	-5	-0.4%
NCD - Moresby South	1,322	1,355	28%	33	2%
Total incidents	4,636	4,884	100%	248	5%

Figure 12 shows the split of incidents by electorate in NCD.

Figure 12: Share of incidents by electorate, NCD, Q2 2024

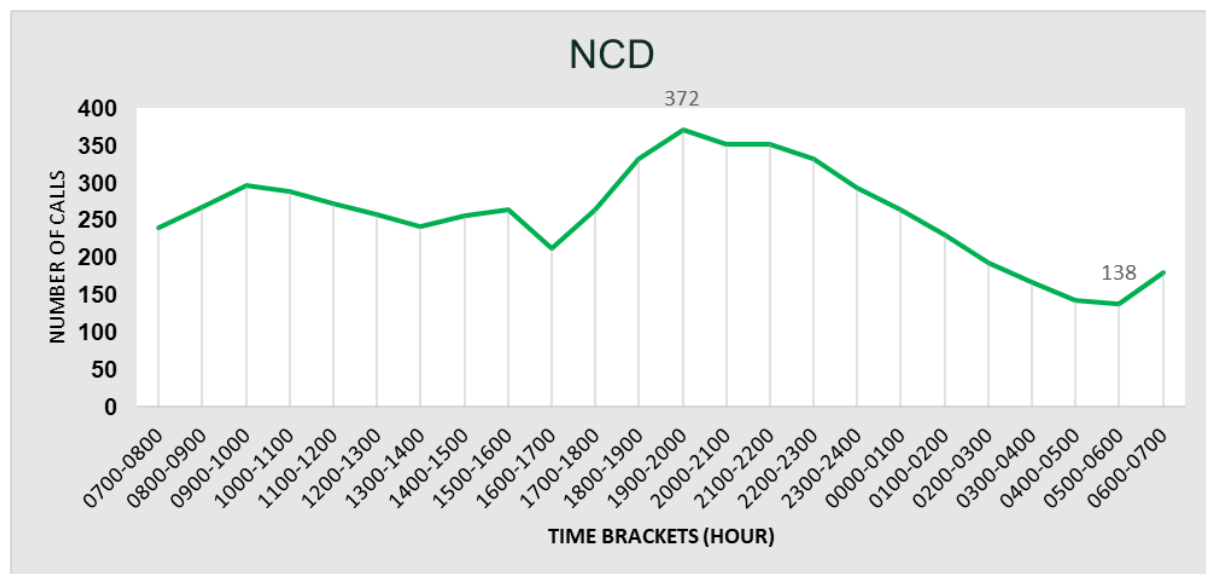




Peak Call Periods

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.

Figure 13: Average calls per hour, NCD, Q2 2024



Distance Travelled

Table 17: Distance travelled by vehicle type (km), NCD, Q2 2024 vs Q1 2024

Vehicle Class	Q1 2024	Q2 2024	Change
4WD ambulance	30,598	106,528	75,930
2WD ambulance	109,087	69,300	-39,787
Specialist Ambulance	387	438	51
Command And Response	15,279	15,179	-100
Administration	8,216	2,358	-5,858
Total km travelled	163,567	193,803	30,236





Central Province



Incidents by Electorate

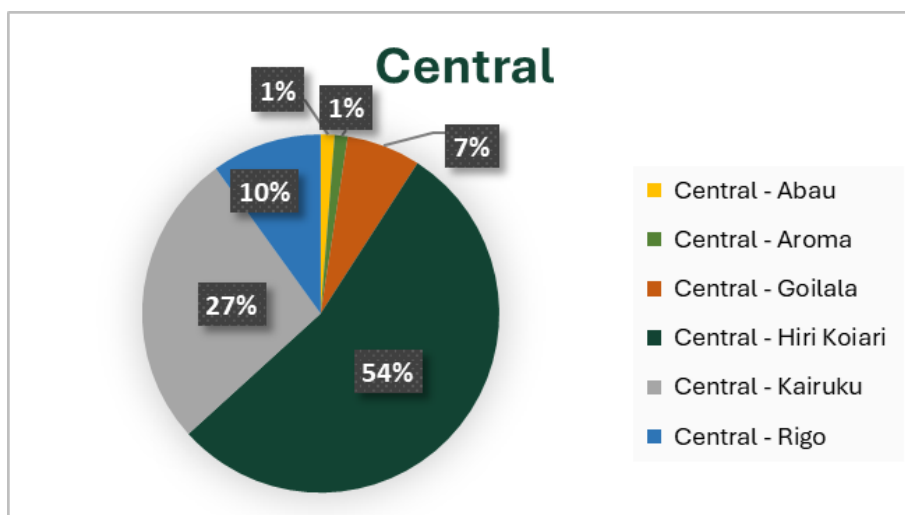
In Central Province, the Hiri-Koiari district, being the largest district in the province, accounted for the majority of incidents, 54% of the total this quarter. Overall, incidents in Central Province increased by 9% compared to the previous quarter. This significant rise highlights the escalating demand for ambulance services in Hiri-Koiari, indicating a need for enhanced resources and support in this district to effectively manage the growing number of emergencies.

Table 18: Incidents by electorate, Central, second quarter, 2024

Electorate	Q1 2024	Q2 2024	% of total	Change	
				Number	%
Central - Abau	30	19	1%	-11	-37
Central - Aroma	9	18	1%	9	100%
Central - Goilala	79	102	7%	23	29%
Central - Hiri Koiari	780	824	54%	44	6%
Central - Kairuku	327	407	27%	80	24%
Central - Rigo	170	152	10%	-18	-11%
Total incidents	1,395	1,522	100%	127	9%

Figure 14 shows the split of incidents by electorate.

Figure 14: Share of incidents by electorate, Central, second quarter, 2024

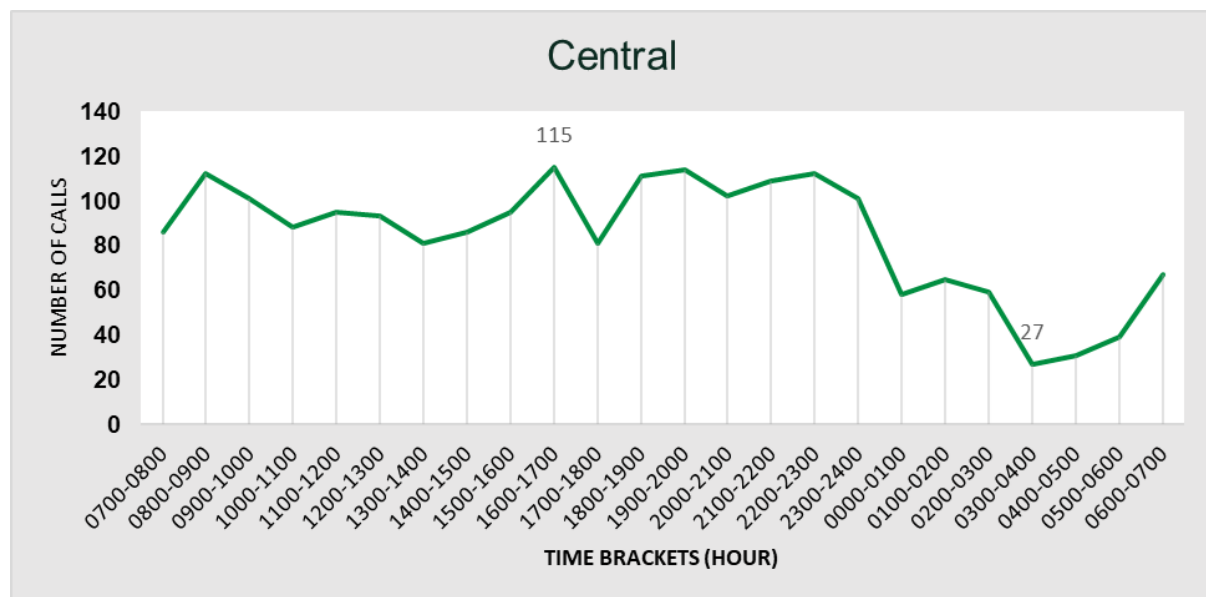




Peak Call Periods

We keep track of the times at which calls for help are received. For Central Province, the highest number of calls are received between **16:00 – 17:00** hours, and the least number of calls are received between **03:00 – 04:00** hours during the year.

Figure 15: Average calls per hour, Central, second quarter, 2024



Distance Travelled

In spite of the higher number of incidents, the distance travelled decreased, possibly as a result of transferring patients to NCD crews en route to enable Central ambulances to remain in the province to service the community.

Table 19: Distance travelled by vehicle type (km), Central, Q2 2024 vs Q1 2024

Vehicle Class	Q1 2024	Q2 2024	Change
4WD ambulance	39,312	37,555	-1,757
Total km travelled	39,312	37,555	-1,757





East New Britain

Incidents by Electorate



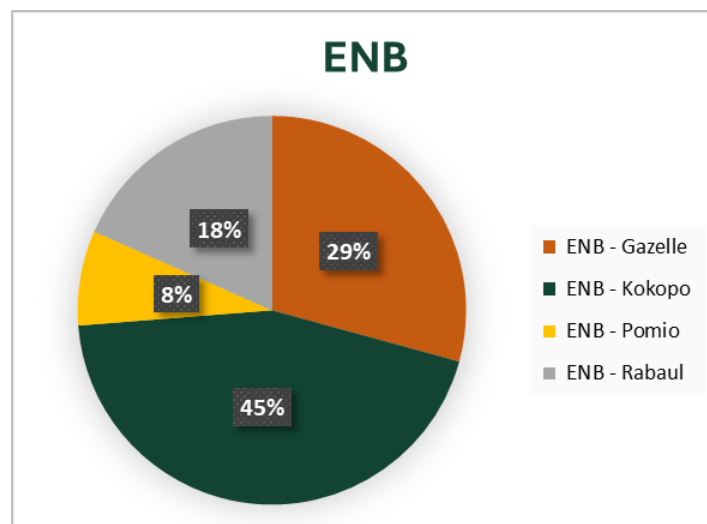
During this quarter, Kokopo and Gazelle in East New Britain collectively accounted for 73% of all reported incidents. Kokopo alone was responsible for 44% of the overall increase, more than Gazelle.

Table 20: Incidents by electorate, ENB, second quarter, 2024

Electorate	Q1 2024	Q2 2024	% of total	Change	
				Number	%
ENB - Gazelle	127	215	29%	88	69%
ENB - Kokopo	224	327	44%	103	46%
ENB - Pomio	46	58	8%	12	26%
ENB - Rabaul	115	135	18%	20	17%
Total incidents	512	735	100%	223	44%

Figure 16 shows the split of incidents by electorate.

Figure 16: Share of incidents by electorate, ENB, second quarter, 2024

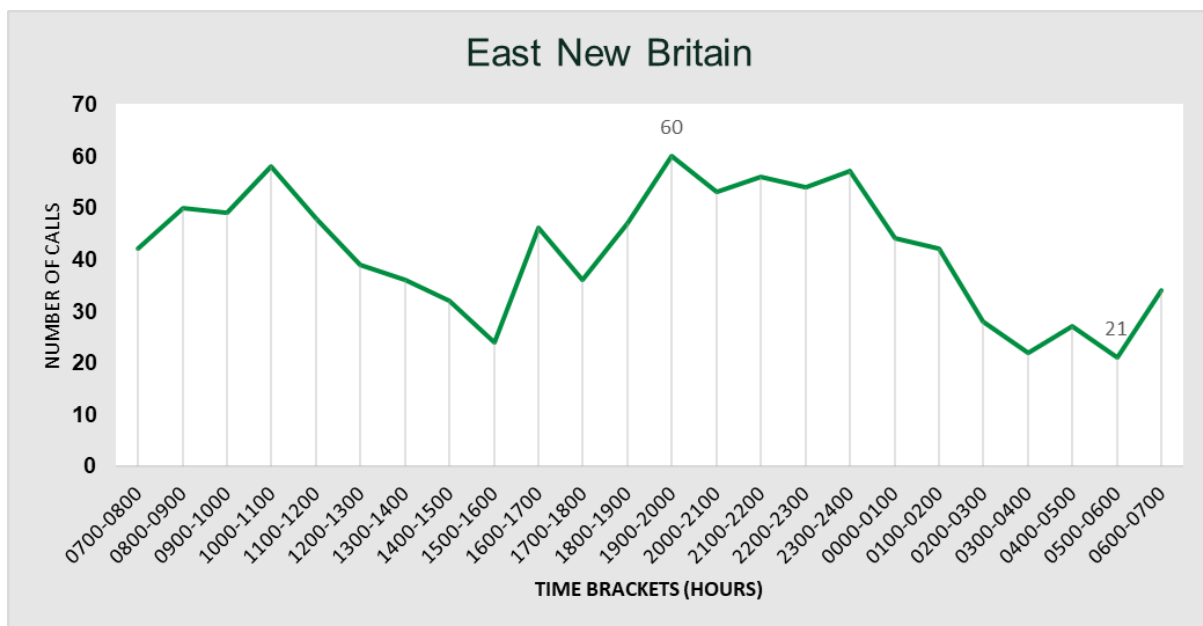




Peak Call Periods

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 **05:00 – 06:00** hours. East New Britain has a different pattern of calls to other provinces, with a higher proportion of calls in the early hours of the morning than other areas.

Figure 17: Average calls per hour, ENB, quarter one, 2024



Distance Travelled

Table 21: Distance travelled by vehicle type (km), ENB, Q2 2024 vs Q1 2024

Vehicle Class	Q1 2024	Q2 2024	Change
4WD ambulance	11,733	23,879	12,146
2WD ambulance	704	3,108	2,404
Total km travelled	12,437	26,987	14,550



Lae City & Morobe Province



Incidents by Electorate

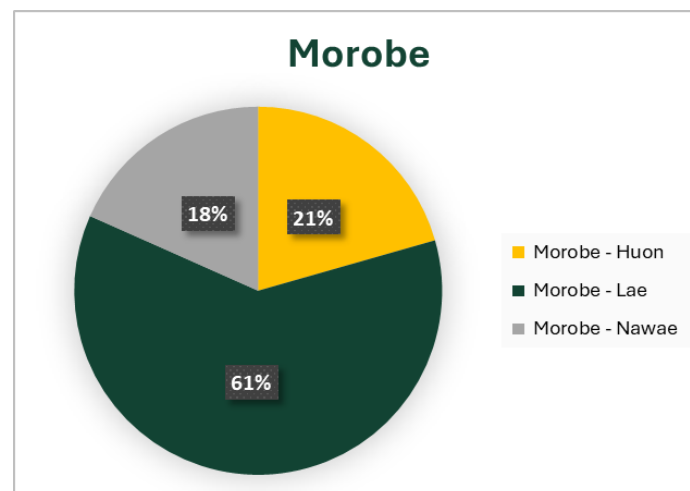
In Morobe, Lae City accounted for the majority of incidents, representing 61% of the total compared to other electorates. Incidents in Huon increased by 13% between Q1 and this quarter and 20% in Lae electorate. The significant rise in incidents highlights the growing demand for emergency services in Lae City and the surrounding areas, underscoring the need for increased resources to manage the escalating number of incidents.

Table 22: Incidents by electorate, Morobe, Q2 2024

Electorate	Q1 2024	Q2 2024	% of total	Change	
				Number	%
Morobe - Huon	627	710	21%	83	13%
Morobe - Lae	1,752	2,107	61%	355	20%
Morobe - Nawae	674	633	18%	-41	-6%
Morobe - Bulolo	12	5	0.1%	-7	-58%
Total incidents	3,064	3,455	100%	391	13%

Figure 18 shows the split of incidents by electorate.

Figure 18: Share of incidents by electorate, Morobe, Q2 2024

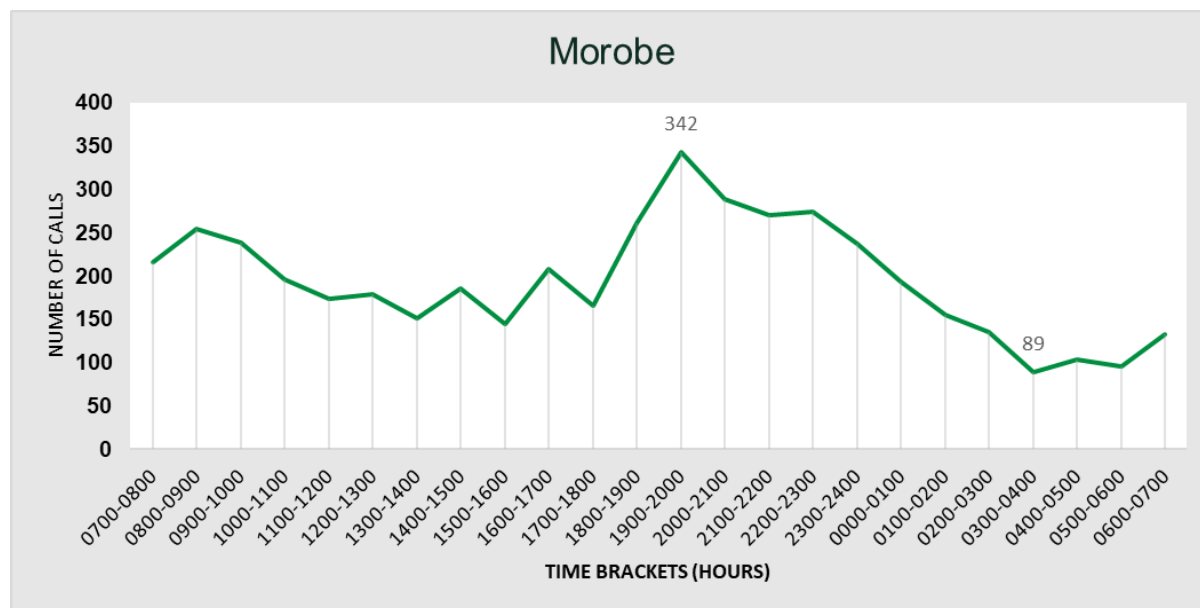




Peak Call Periods

We keep track of the times at which calls for help are received. For Morobe Province, the highest number of calls received are between **19:00 – 20:00** hours during the night and the least number of calls were received between **03:00 – 04:00** hours.

Figure 19: Average calls per hour, NCD, Q2 2024



Distance Travelled

The table below shows a decrease in distance travelled in spite of the increasing number of incidents.

Table 23: Distance travelled by vehicle type (km), Morobe, Q2 2024 vs Q1 2024

Vehicle Class	Q1 2024	Q2 2024	Change
4WD ambulance	41,038	27,610	-13,429
2WD ambulance	-	-	-
Command And Response	7,527	5,901	-1,626
Total km travelled	48,566	33,511	-15,055



Air Ambulance Services

NStJA provides aeromedical services for patients across Papua New Guinea. NStJA has flight-trained doctors, nurses and paramedics who work on chartered helicopters and planes. These professionals retrieve patients from remote areas and transport them to the safety of PNG's leading hospitals.

The service caters to both planned patient transfers and swift responses to emergent situations, demonstrating NStJA's commitment to providing comprehensive and timely healthcare. This crucial service ensures that even the most isolated communities have access to urgent medical care.





Air Ambulance Services

Fixed wing missions and flight hours

NStJA coordinated four (4) fixed-wing missions this quarter, a decrease from the 5 missions conducted in the previous quarter.

Table 24: Fixed-wing missions, Q2 2024 vs Q1 2024

Fixed-wing	Q1 2024	Q2 2024	YTD Total (missions)
Southern	2	1	3
Momase	1	1	2
NGI	0	2	2
Highlands	1	0	1
Australia	1	0	1
International (other)	0	0	0
Total missions	5	4	9

The chart below shows quarterly fixed wing missions over the last three years.

Figure 20: Fixed wing missions by quarter, Q1 2021 onwards





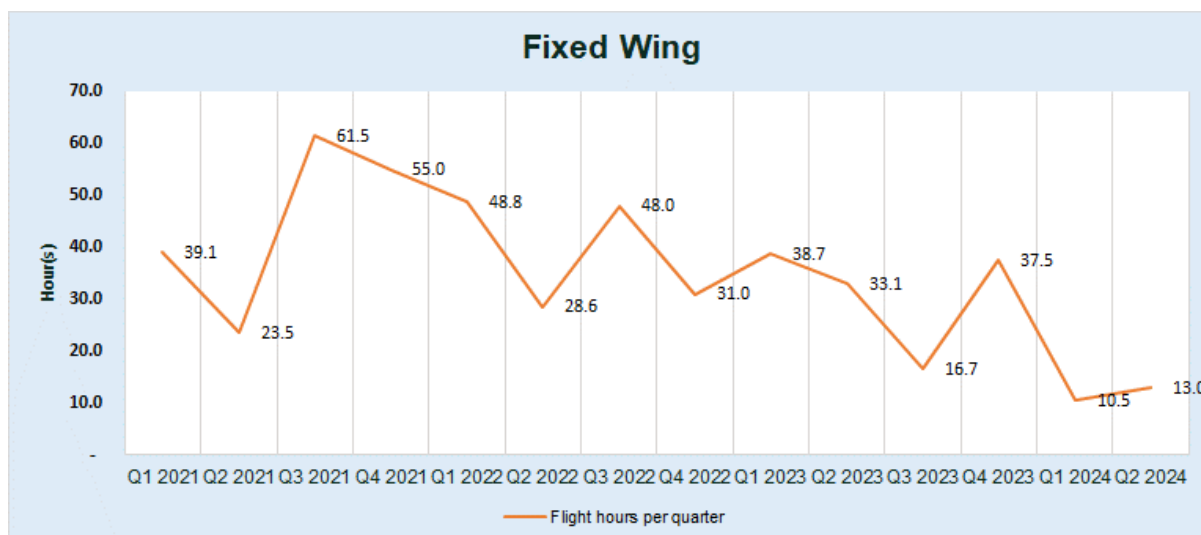
The total hours flown by fixed-wing aircraft to provide care during this year are shown below.

Table 25: Fixed-wing flight hours, Q1 2024 vs Q4 2023

Fixed wing	Q1 2024	Q2 2024	YTD total (hours)
Southern	3.1	4	7.1
Momase	2.9	4	6.9
NGI	0	7	7
Highlands	1.5	0	1.5
Australia	3	0	3
International (other)	0	0	-
Total hours	10.5	15	25.5

The chart below shows quarterly fixed-wing flight hours over the last three years.

Figure 21: Fixed-wing flight hours by quarter, Q1 2021 onwards





Helicopter missions and flight hours

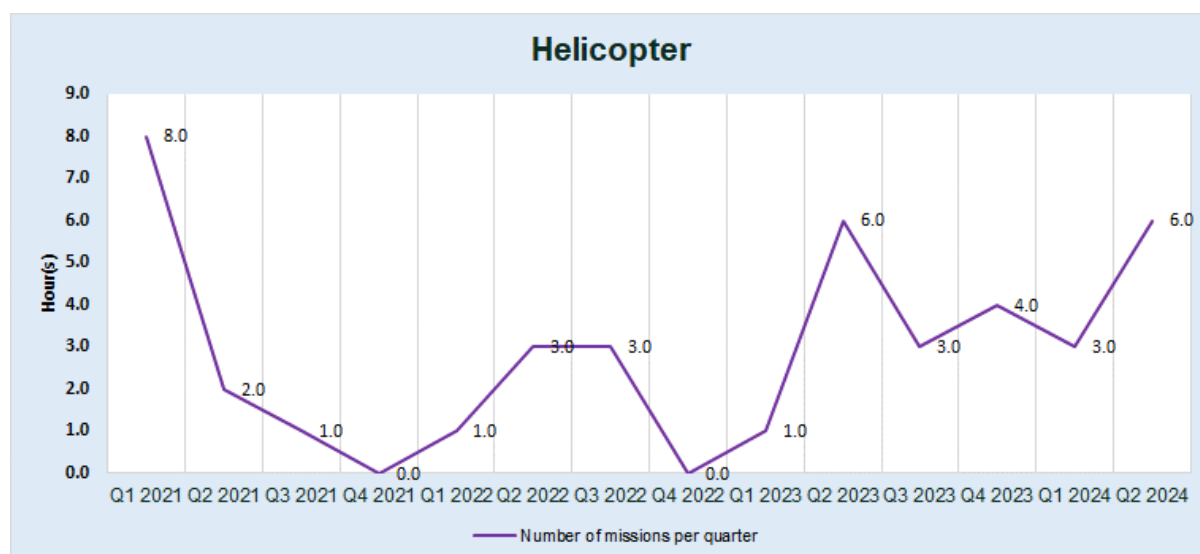
NStJA oversaw 6 helicopter missions this year, all in the Southern Region.

Table 26: Helicopter missions, Q2 2024 vs Q1 2024

Helicopter	Q1 2024	Q2 2024	YTD Total (missions)
Southern	3	6	9
Momase	-	-	-
NGI	-	-	-
Highlands	-	-	-
International	-	-	-
Total hours	3	6	9

The chart below shows quarterly helicopter missions over the last three years.

Figure 22: Helicopter missions by quarter, Q1 2021 onwards





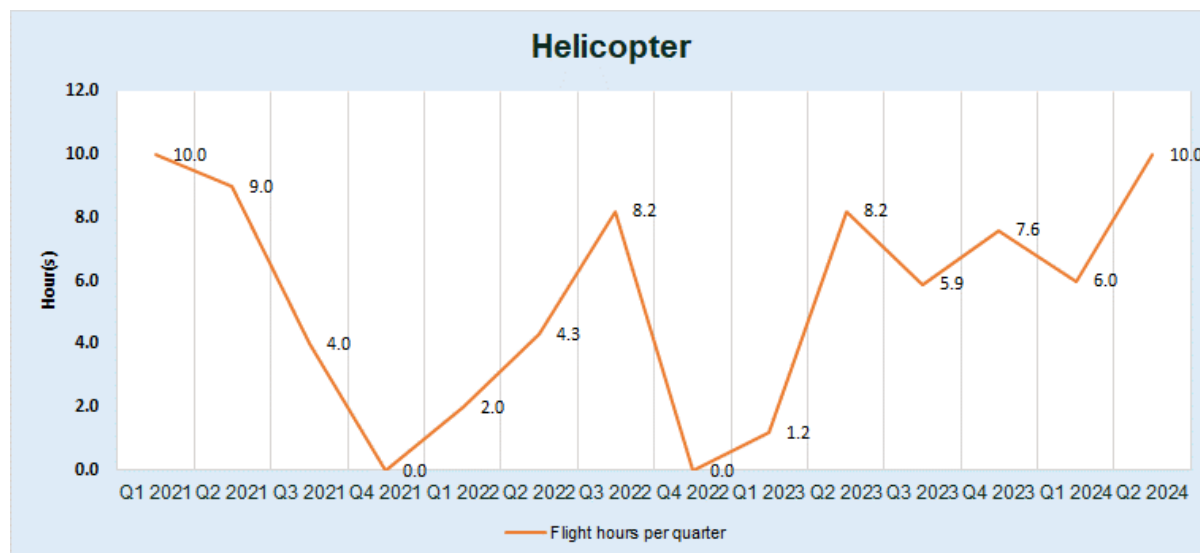
The total hours flown by helicopter to provide care during this year are shown below.

Table 27: Helicopter flight hours, Q2 2024 vs Q1 2024

Helicopter	Q1 2024	Q2 2024	YTD Total (hours)
Southern	6	10	16
Momase	-	-	-
NGI	-	-	-
Highlands	-	-	-
International	-	-	-
Total hours	6	10	16

The chart below shows quarterly helicopter flight hours over the last three years.

Figure 23: Helicopter flight hours by quarter, Q1 2021 onwards



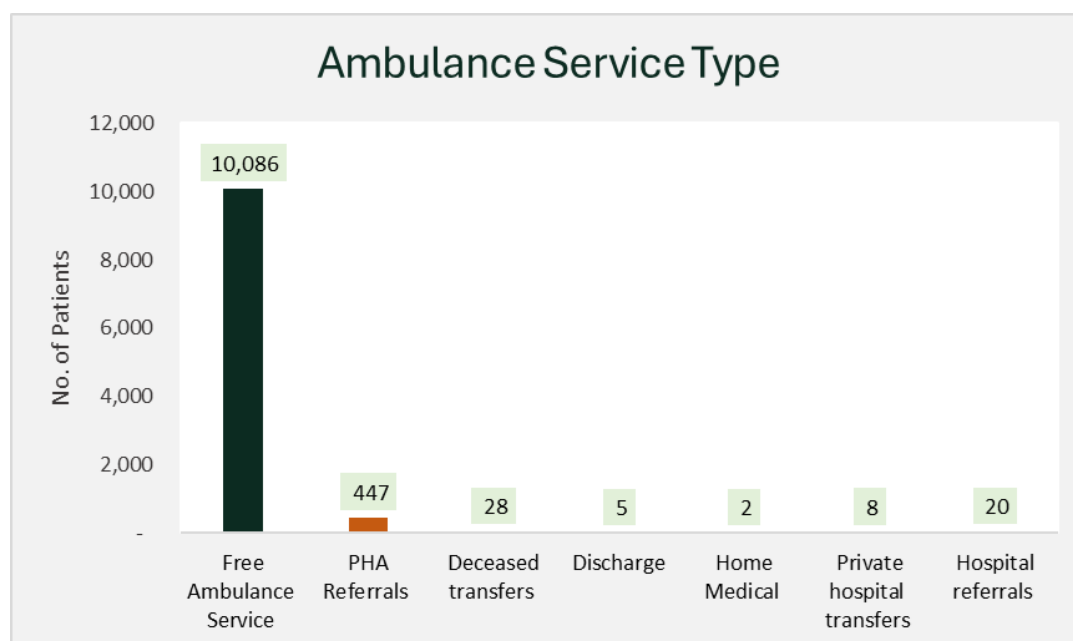


Patient Transport Fees

Public vs private patients

All emergency services provided to Papua New Guineans and permanent residents are free if the patient requires emergency transport to a public hospital. The average actual expense incurred by NSTJA for assisting one patient is estimated to be PGK 800. Despite this cost, over 95% of the patients served by NSTJA are public patients and receive services entirely free of charge. The graph below illustrates that the overwhelming majority of patients fall into this category, highlighting NSTJA's commitment to accessible and equitable healthcare for the public.

Figure 24: Number of patients treated, by billing category, Q2 2024.



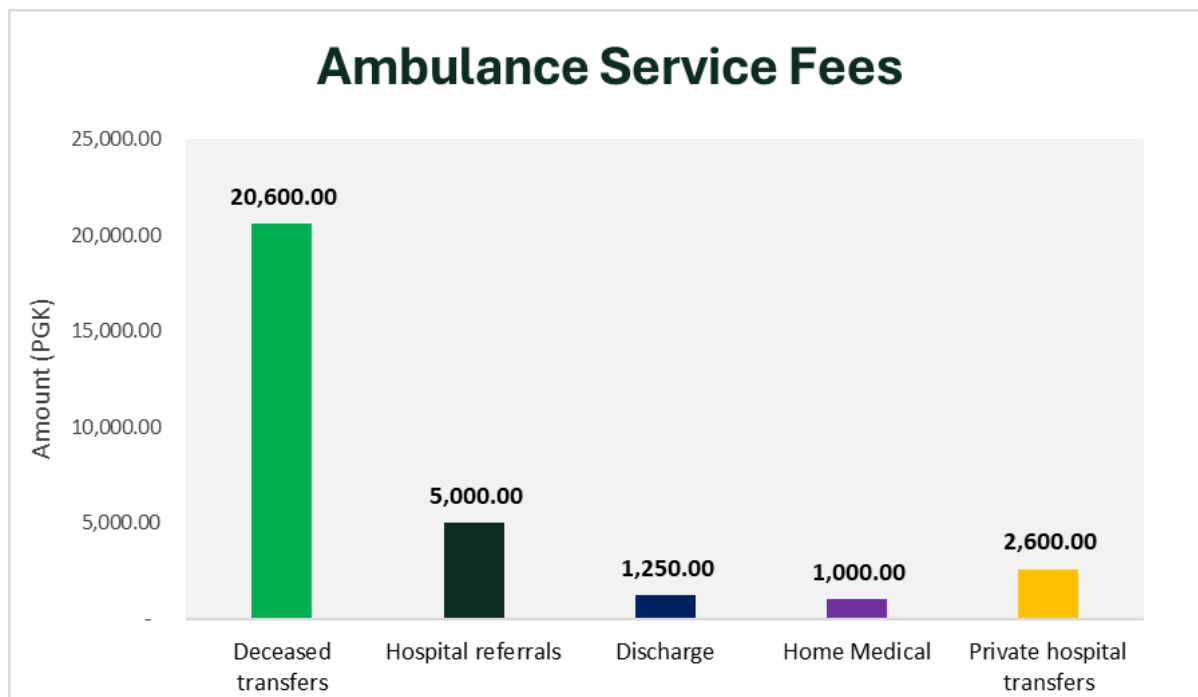
Private Patient Fees

Sometimes patients request NSTJA to transport them 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. NSTJA charges a fee for these services on a cost recovery basis, and to ensure sufficient operating revenue.

NSTJA has a “no cash policy”, so all payments were received through EFTPOS or bank transfer from the second quarter of 2022 onwards. Total private patient fees collected this quarter amounted to **PGK 30,450.00**. These fees helped subsidise the free public ambulance service.



Figure 25: Ambulance service fees by category, Q2 2024



The table below shows ambulance service fees for Q2 2024 compared to the previous quarter.

Table 28: Ambulance fees, PGK, Q2 2024 vs Q1 2024

Form of Payment	Q1 2024	Q2 2024
Cash	-	-
EFTPOS	30,645	30,450
Cheque/Internet transfer	-	-
Total (PGK)	30,645	30,450



Key Performance Indicators

Ambulance Operations Centre 111

Area	Target	Indicator source	Qtr 2 indicator
Call Answering Time	Calls to 111 are answered by the call-taker within 10 seconds on average	PABX call-logs	12 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 NSTJA in Port Moresby and Lae.	CAD Dispatch logs	4 minutes 3 seconds
Dispatch Time (Regional)	An ambulance is dispatched to life-threatening medical emergencies within 7 minutes on average of the call being received by NSTJA in rural areas	CAD Dispatch logs	7 minutes 23 seconds
Caller Satisfaction	≥ 90% of the callers' report that the 111 call-taker was helpful	CAA Patient Experience Survey	83.03% caller satisfaction

Ambulance Service Key Performance Measures

Area	Target	Indicator source	Qtr 2 indicator
Response Time (NCD)	An ambulance arrives on scene within 12 minutes from time of call for 1A cases, ≥ 50% of the time	CAD Dispatch logs	Median 14 minutes 09 seconds
Response Time (Regional)	An ambulance arrives on scene within 20 minutes from time of call for 1A and 1B cases, ≥ 50% of the time	CAD Dispatch logs	Median 32 minutes 28 seconds
Patient Satisfaction	≥ 90% of patients report being satisfied or very satisfied with NSTJA's service	CAA Patient Experience Survey	93.25% Satisfaction



Education & Training

For the reporting period 1 April – 30 June 2024, the tables below show the number of students who had **completed** training as of the last day of the reporting period. If students are still completing (studying) the course at the end of the reporting period, the course completion is shown in the next reporting period.

First Aid in Schools

Free first aid training was conducted by the SBBF-NStJA First Aid in Schools Team for high school students. Additionally, a First Aid and Ambulance Awareness (FAAA) program for primary school students and Buk Bilong Pikinini Library Learning Centres (LLC).

Province	School Name	Days of training	Students Completed
NCD	Pathfinders SDA Rainbow	1	46
NCD	Ororo Junior High	2	104
NCD	Bavaroko Upper Primary	3	137
Western	Mougulu Secondary	1	29
Total		7	316

First Aid and Ambulance Awareness (FAAA program)

Province	School Name	Students Completed
NCD	Pari LLC	53
NCD	Baruni LLC	41
NCD	3mile Ward 2C BbP LLC	4
NCD	South Bridges Inter Intramurals	15
NCD	BbP LLC 6mile	25
NCD	BbP LLC ATS	28
NCD	Baruni Primary	800
NCD	9mile Monier Quarry BbP LLC	40
NCD	Tatana Primary	900
NCD	Hagara Primary	1000
NCD	Tokarara Primary	250
NCD	Evedahana BbP LLC	53
NCD	Bavaroko Primary	1000
Total		4,209



Community First Aid Training

Free community first aid training conducted by NSTJA in communities.

Province	Location	Days of training	Students Completed	Comments
NCD	TAC Training Facility	1	5	Total confirmed was 15. Only 5 attended. Media Personnel- Media Freedom Day

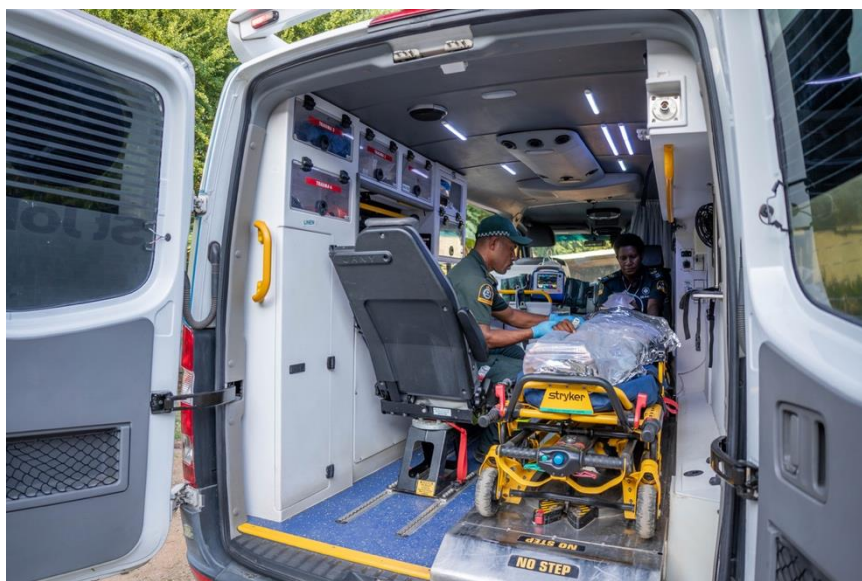
Community Ambulance Awareness

Province	Location	No. people made aware of NSTJA	Comments
NCD	6 Mile Market	100	Organised through Mrs. Naso from John Kaupa's office
Central	Barakau Village	180	Invitation sent through reception
Total		280	

Hospital Emergency Life Support Training

Free community first aid training conducted by NSTJA in communities.

Province	Location	Days of training	Students Completed	Student satisfaction score (average)
NCD	Port Moresby General Hospital	2	33	100%





General Information

Background and history

NStJA 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. NStJA has been serving Papua New Guinea for over 65 years and has a strong presence in many provinces across the nation.

NStJA 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, NStJA offers a range of health and safety courses, including first aid, CPR, and AED training. NStJA 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, NStJA 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, NStJA now works closely with Provincial Health Authorities under similar MOAs to provide their provincial emergency ambulance services.

NStJA Station Locations

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

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



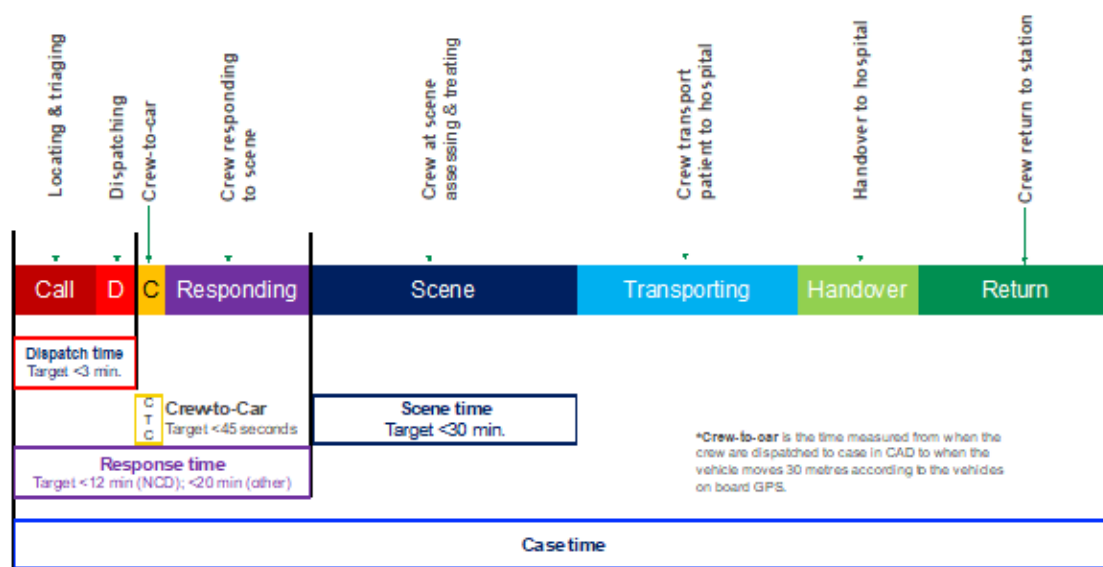
Definitions & Terminology

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	A patient is someone assessed, treated, or transported by the ambulance service.	<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 NSTJA's eMR system.</p>

Key Incident Time Intervals





Response priorities

Response Code	Problem	Urgency	Lights & Sirens	Recommended resources to send	Target response time (median)
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 12 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

NStJA is a statutory organisation 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