

OFFICIAL



National Department of Health



# Ambulance Service Activity Report Quarter 3 2024

1 JULY – 30 SEPTEMBER 2024

A service provider of the National Department of Health



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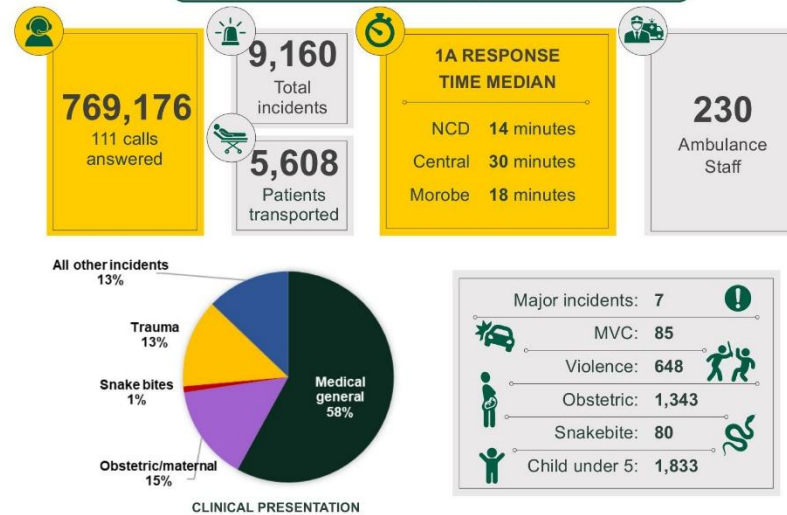
**Q3 2024**

01 July to 31 September, 2024

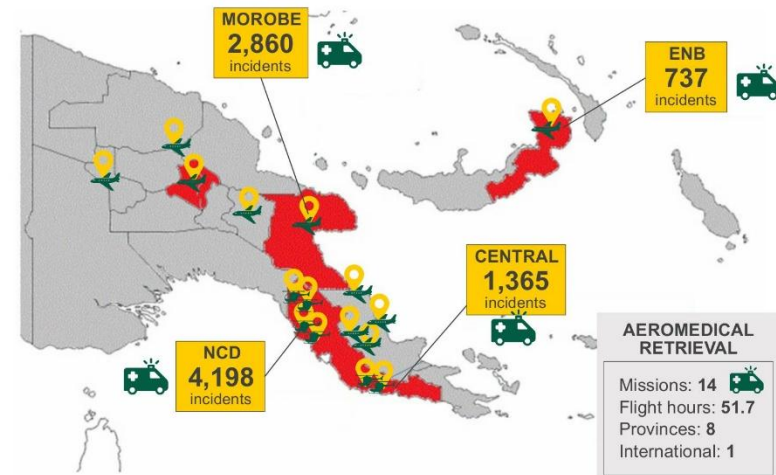
# Ambulance Service Summary



## Activity



## 9,160 Incidents in 3 months



## Community



Motor Vehicle Collision in Port Moresby on 28 August involved rescuing a woman trapped for over 2 hours, assisted by the PNG Fire Service.



Opening of the new Amnulance Education College in MKA lands, supported by Exxon Mobil PNG.

**617**

High School Students got Free First Aid Training

**904**

People trained in first aid at workplaces

## Challenges

**Coverage:** Not enough ambulance stations in rural districts mean people in these areas have to wait longer for emergency care.

**Fleet:** Many older ambulances are becoming expensive to maintain, leading to inefficiencies in responding to emergencies. We need new ambulances to cater for higher demand.

**Misuse:** Some people are calling the ambulance for small problems, and this strains our resources, delaying responses to real emergencies. People should only call the ambulance service for real life-threatening problems.





## 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 National Department of Health service agency.

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 the surplus from these activities 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 July to 30 September 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 3 2024

### Ambulance Service Data

Table 1: Ambulance service summary data, Q3 2024 vs Q2 2024

Metric	Q2 2024	Q3 2024	% change
Emergency calls handled	25,532	25,999	2%
Emergency incidents	10,596	9,160	-14%
Patients assisted *	7,500	6,752	-10%
Patients transported	6,255	5,608	-10%
Fuel consumed	64,971	68,722	6%
Caller satisfaction	83.0%	91%	8%
Patient satisfaction	93.3%	91%	-2.4%

\*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, Q3 2024

Category:	Priority 1A		Priority 1B		Priority 1C		All other priorities P2, P3, P4, P5, P6	
Urgency:	Critical		Urgent		Urgent		Non-urgent	
Timing:	Target	Q3	Target	Q3	Target	Q3	Target	Q3
Dispatch time (median)	3 minutes	3 mins 1 sec	3 minutes	4 mins 21 secs	3 minutes	22 mins 55 secs	Case dependent	42 mins 38 secs
Response time (median)	12 minutes	16 mins 35 secs	15 minutes	22 mins 27 secs	15 minutes	58 mins	Case dependent	83 mins 08 secs
Scene time (median)	30 minutes	23 mins 11 secs	30 minutes	18 mins 59 secs	30 minutes	18 mins 03 secs	Case dependent	19 mins 33 secs
Overall Case time (median)	1 hr 15 mins	51 mins	2 hours	1 hr 09 mins	2 hours	1 hr 18 mins	Case dependent	2 hrs 27 mins



## Ambulance Staff Trained

Table 3: Number of ambulance staff trained Q3 2024 vs Q2 2024 (courses completed)

Courses	Q2 2024	Q3 2024
First Responder ☐	18	16
Ambulance Officer ☐	-	0
RAO/RAD ☐☐☐	-	5
<b>Total</b>	<b>18</b>	<b>21</b>

In addition to the training above, 4x staff were trained in Advanced Safe Driver Training (ASDT) and 23 volunteers in Advanced First Aid Training this quarter.

## 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 ☐	
	Q2 2024	Q3 2024	% change	Q2 2024	Q3 2024
Free First Aid in Schools ☐	206	617	200%	NA	NA
First Aid for Work* ☐☐☐☐☐☐☐☐	726	904	25%	97.18%	96.88
Public Awareness ☐☐☐☐	280	-	-	NA	-
Hosp Advanced Resus ☐☐☐	33	225	-	100%	100%
<b>Total</b>	<b>1,245</b>	<b>1,746</b>	<b>40%</b>		<b>98.44%</b>

\* 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 September 2024

24-hour resources	NCD	Central	Morobe	ENB	Total
Basic Life Support	5	-	2	1	8
Intermediate Life Support	1	1	-	-	2
Reservist	-	2	-	-	2
<b>Total</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>12</b>



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

On-call resources	NCD	Central	Morobe	ENB	Total
Reservist	-	2	-	-	2
Advanced Life Support	1	-	-	-	1
Paramedic	3	-	1	1	5
Doctor	2	-	-	-	2
Command	2	1	1	1	5
<b>Total</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>15</b>

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

Table 7: Number of staff by clinical level and province, 30 September 2024.

Province	NCD	Central	Morobe	ENB	Total
<b>Clinical staff</b>					
Ambulance Driver (AD)	-	9	5	-	14
Reservist Ambulance Officer (RAO)	-	-	-	4	4
Ambulance Officer L1 (AO1)	10	-	5	-	15
Ambulance Officer L2 (AO2)	20	-	-	-	20
Ambulance Officer L3 (AO3)	32	-	4	3	39
Emergency Medical Technician (EMT)	1	-	1	-	2
Clinician L1	5	-	2	1	8
Clinician L2	-	-	-	-	-
Clinician L3	5	-	1	-	6
Clinician L1 / L2 (projects)	4	-	2	2	8
Paramedic (incl management)	4	-	1	1	6
SMO (Medical Officer)	2	-	-	-	2
Reservist SMOs	-	-	-	-	-
<b>Support Services Staff</b>					
Fleet & Infrastructure	4	-	-	-	4
Service Planning	4	-	-	-	4
Facilities & Admin drivers	25	-	-	-	25
<b>Other HQ staff</b>					
Finance	5	-	-	-	5
People Workforce & Culture	6	-	-	-	6
Office of CEO	5	-	-	-	5
Enterprise & Education	12	-	-	-	12
Clinical Systems	5	-	-	-	5
<b>Total</b>	<b>149</b>	<b>9</b>	<b>21</b>	<b>11</b>	<b>190</b>

# Major MVC Requiring Prolonged Extrication near Edai Town

28 August 2024

On Monday evening, Port Moresby, 28 August, the National St John Command Centre responded to a serious motor vehicle collision (MVC) on the highway leading to Edai Town. The MVC left two people injured and one was trapped in the vehicle for nearly two hours.

The incident, reported around 6:00 pm, prompted the immediate dispatch of five ambulance response units to the scene, including two command units, two ambulance crews, and a critical care unit.

Upon arrival, the first responders found two vehicles had collided, resulting in two casualties. One of the injured, a woman, was trapped inside one of the vehicles, having sustained multiple broken bones. Rescue efforts required careful extraction to avoid further injury. The rescue required close coordination between NStJA and the PNG Fire Service. The woman was trapped in the vehicle for nearly 2 hours before the team could safely extricate her from the wreckage.

Once freed, she was transferred into the critical care ambulance, where doctors and paramedics worked to stabilise her condition. She was then transported to Port Moresby General Hospital for further treatment. The male patient was also transported to the hospital.

The National St John Command thanked the public, the PNG Fire Service, and the police for their assistance in the operation. The combined efforts of the emergency response agencies ensured a smooth response and referral to the hospital.



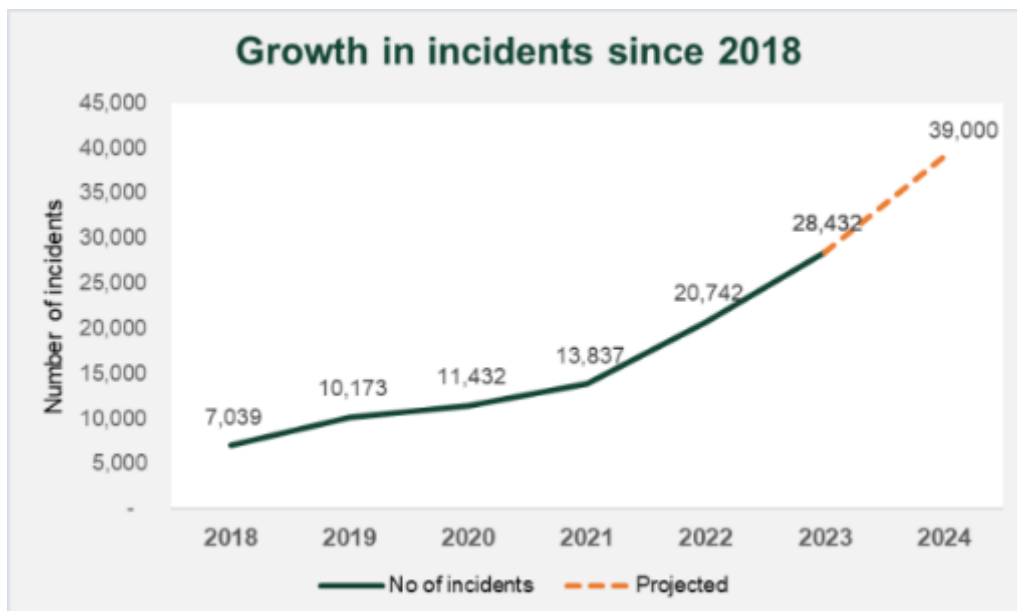


# National Performance Reporting

## 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 **9,160** incidents. This represents a 14% decrease compared to the previous quarter in 2024. Table 8 below details the incidents categorized by clinical presentation.

Table 8: Incidents by clinical presentation Q3 2024 vs Q2 2024

Clinical Presentation	Q2 2024	Q3 2024	Change	
			Number	%
Medical general (other)	3,722	3,330	-392	-11%
Obstetric/maternal	1,760	1,343	-417	-24%
Respiratory	1,518	1,162	-356	-23%
Other trauma	1,428	1,326	-102	-7%
Gastrointestinal	801	820	19	2%
Transfer	698	618	-80	-11%
Cardiovascular	309	255	-54	-17%
Bites/stings	108	86	-22	-20%
Motor vehicle collision	83	85	2	2%
Mortuary	76	48	-28	-37%
Toxicology	60	42	-18	-30%
Shooting	20	21	1	5%
Mental health	13	24	11	85%
<b>Total</b>	<b>10,596</b>	<b>9,160</b>	<b>-1,436</b>	<b>-14%</b>

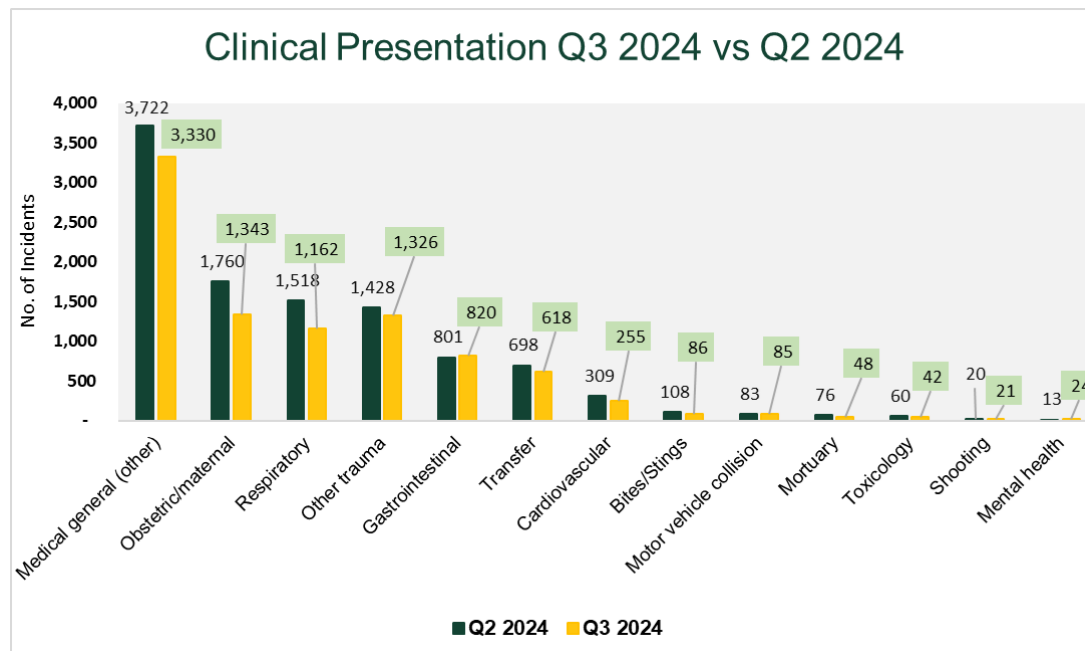
There is no obvious explanation for the fall in incidents in Q3 2024 compared with Q2 2024. It was across all months, all locations and all priorities. While there was variation in the quantum of the fall, all major categories of incidents (general medical, obstetrics, respiratory and trauma) saw a decrease in incidents. As usual, the majority of clinical cases in quarter three fell under the category of general medical issues, constituting 36% of all incidents. These are cases such as catch-all 'sick person', diabetic, headache, seizure, stroke, unconscious, and back pain.

Trauma cases, including incidents involving motor vehicle collisions, toxicology, shootings, bites/stings, and other trauma, decreased by 8% since the last quarter. Trauma constitutes 14% of the total incident workload. Obstetric/maternal cases account for 15% of all incidents, while respiratory cases comprise 13% for this quarter.



Figure 2 shows the Q3 2024 incidents that NSTJA attended nationally, by clinical presentation, in graphical format.

Figure 2: Clinical presentations Q3 2024 vs Q2 2024



## Incidents by Province and Clinical Presentation

Table 9 indicates incidents by province and clinical presentation:

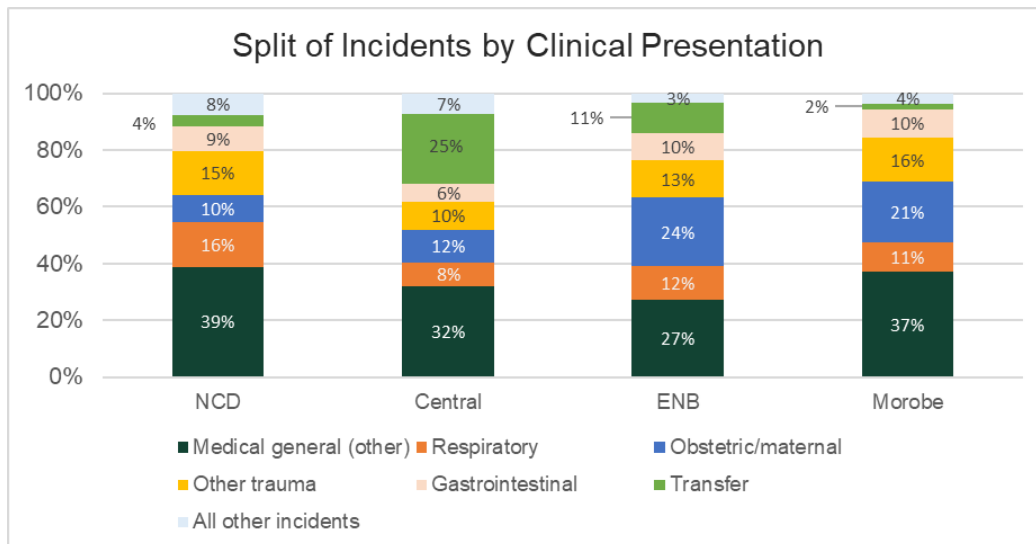
Table 9: Incidents by clinical presentation and province, Q3 2024.

Clinical Presentation	NCD	Central	ENB	Morobe	Total
Bites/Stings	21	55	2	8	86
Cardiovascular	148	26	13	68	255
Gastrointestinal	371	88	72	289	820
Medical gen'l (other)	1,633	438	202	1,057	3,330
Mental health	21	2	1	-	24
Mortuary	40	3	1	4	48
Motor vehicle collision	64	7	1	13	85
Obstetric/maternal	403	157	180	603	1,343
Other trauma	648	136	95	447	1,326
Respiratory	658	113	85	306	1,162
Shooting	10	1	4	6	21
Toxicology	23	4	3	12	42
Transfer	158	335	78	47	618
<b>Total</b>	<b>4,198</b>	<b>1,365</b>	<b>737</b>	<b>2,860</b>	<b>9,160</b>



The distribution of clinical presentations varies significantly by province. For instance, obstetric and maternal cases constitute 24% of the workload in East New Britain, compared to 10% in NCD. Additionally, the proportion of transfer incidents shows considerable variation, ranging from 2% in Morobe to 25% in Central. This variation highlights the diverse healthcare needs and service demands across different regions.

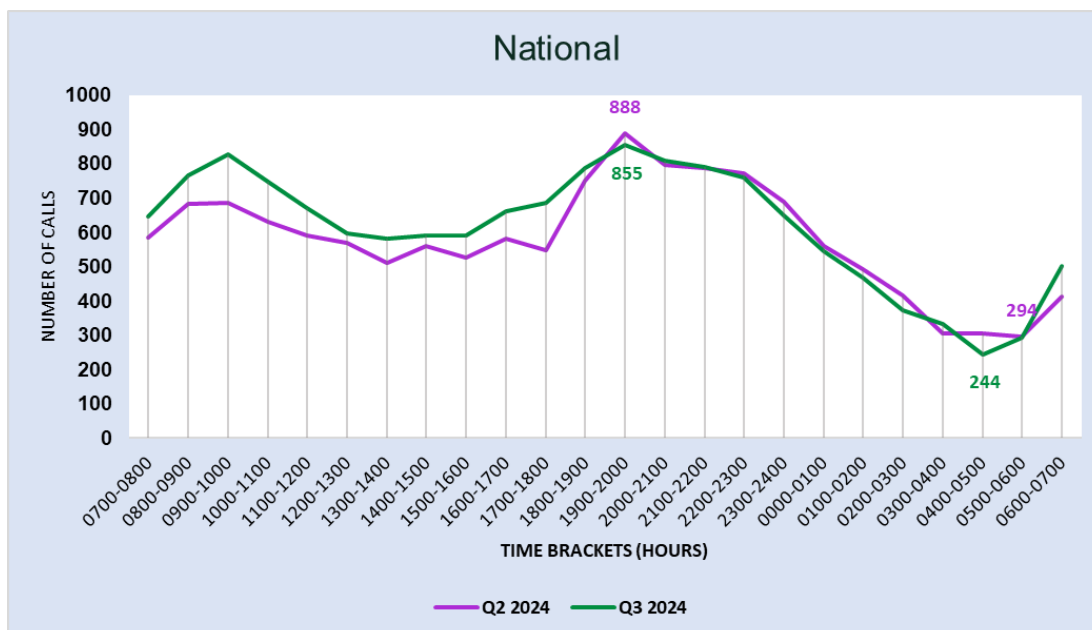
Figure 3: Split of incidents by clinical presentation, by province, Q3, 2024.



## 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 were received was between **19:00 – 20:00** with a total of 855 calls, while the least number of calls received was between **04:00 – 05:00 AM** with a total of 244 calls.

Figure 4: Number of calls per hour, national, Q3, 2024.



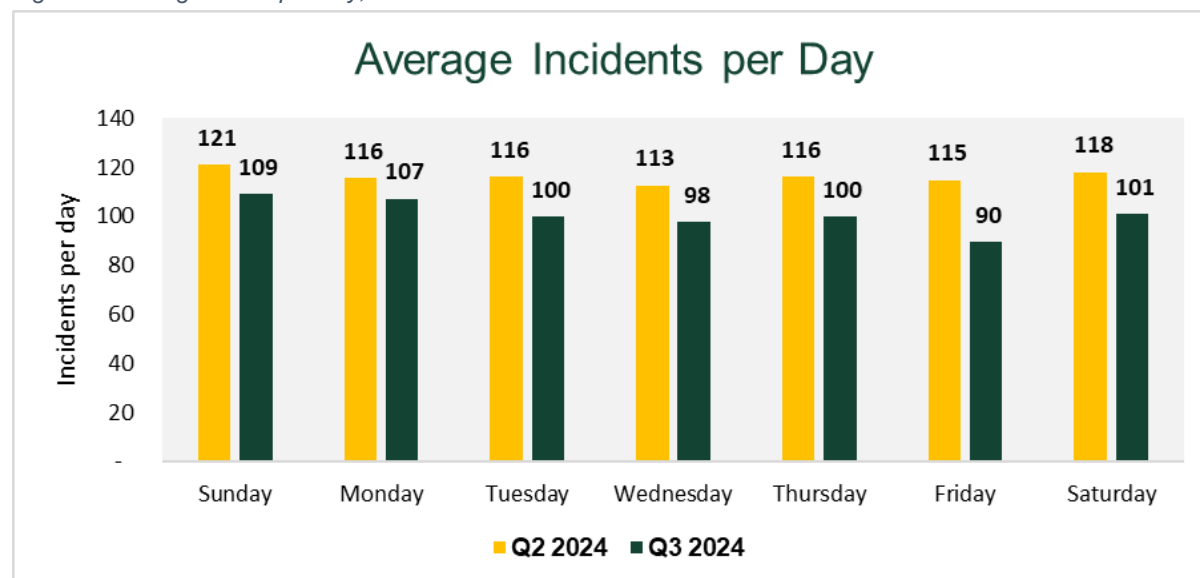




## Average Cases per Day

The graph below indicates the average number of cases responded to per day in Q3 2024 in comparison to Q2 2024. There was minimal variation in incidents between days of the week.

Figure 5: Average cases per day, Q3 2024 vs Q2 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, as is expected.

Table 10: Median dispatch times, by priority, Q3 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 45 secs	3 mins 17 secs	17 mins 24 secs	37 mins 58 secs
Central	6 mins 19 secs	5 mins 54 secs	32 min 27 secs	52 mins 7 secs
Morobe	5 mins 6 secs	5 mins 42 secs	34 mins 39 secs	42 mins 38 secs
East New Britain	-	8 mins 6 secs	28 mins 8 secs	44 mins 9 secs
National Median	3 mins 1 sec	4 mins 21 secs	22 mins 55 secs	42 mins 38 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

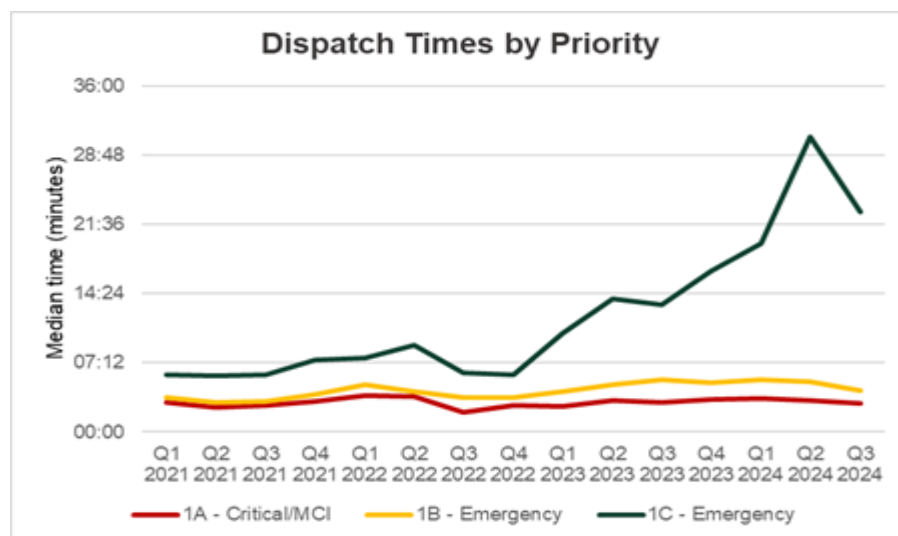


Figure 6 shows how dispatch times for different priority cases have changed over the last four years. Dispatch times for the highest priority emergencies (1A and 1B) have remained almost unchanged. This stability is attributable to having fewer 1A and 1B incidents and dispatchers being able to prioritise resources from 1C incidents to 1A and 1B when they occur. Most notable is the increase in priority 1C cases. Dispatch times for priority 1C emergencies have increased more than four-fold from 7 minutes in 2021 to over 33 minutes in 2024.

Partly, this reflects constraints on available resources – more incidents without a corresponding increase in resources (ambulances). It also reflects how incidents are categorised by the computer-aided dispatch (CAD) system. Over 2021 to 2024, the proportion of incidents categorised as Priority 1C increased from 46% to 76%. The higher



the proportion of 1C incidents, the less ability dispatchers have to reallocate cases to vehicles en route to lower priority jobs. This means 1C jobs sit in the queue for longer and dispatch and response times are extended.

Priority	Percentage of incidents			
	2021	2022	2023	2024 (YTD)
1A	1%	1%	1%	1%
1B	6%	7%	7%	9%
1C	46%	57%	63%	76%
2	32%	25%	22%	9%
3	11%	7%	6%	3%
Other (P4 – P7)	4%	3%	1%	2%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

## 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

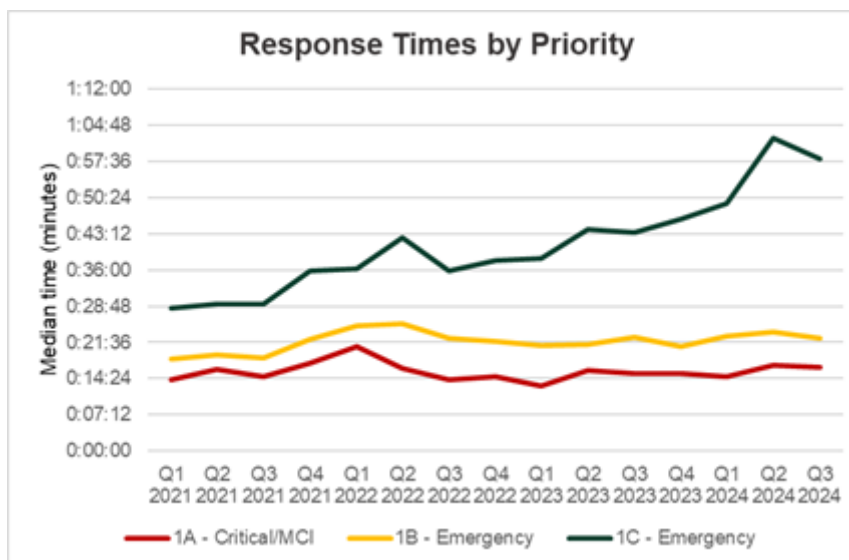
Table 11: Median response times, by priority, Q3 2024

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5, P6
Urgency	Critical	Urgent	Urgent	Non-urgent
<b>NCD</b>	14 mins 45 secs	17 mins 42 secs	46 mins 6 secs	63 mins 17 secs
<b>Central</b>	30 mins 14 secs	67 mins 20 secs	112 mins 55 secs	149 mins 43 secs
<b>Morobe</b>	18 mins 30 secs	20 mins 32 secs	59 mins 54 secs	73 mins 13 secs
<b>East New Britain</b>	-	41 mins 22 secs	76 mins 16 secs	85 mins 9 secs
<b>National Median</b>	16 mins 35 secs	22 mins 27 secs	58 mins	83 mins 8 secs

Figure 7 shows how response times for different priority cases have changed over the last 4 years. 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.



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



As with the dispatch time, the lengthening of response times for 1C incidents is a consequence of NStJA handling more emergency calls without a corresponding increase in resourcing, as well as a growing proportion of the workload categorised as 1C (reduced flexibility to take vehicles off lower priority cases).

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.



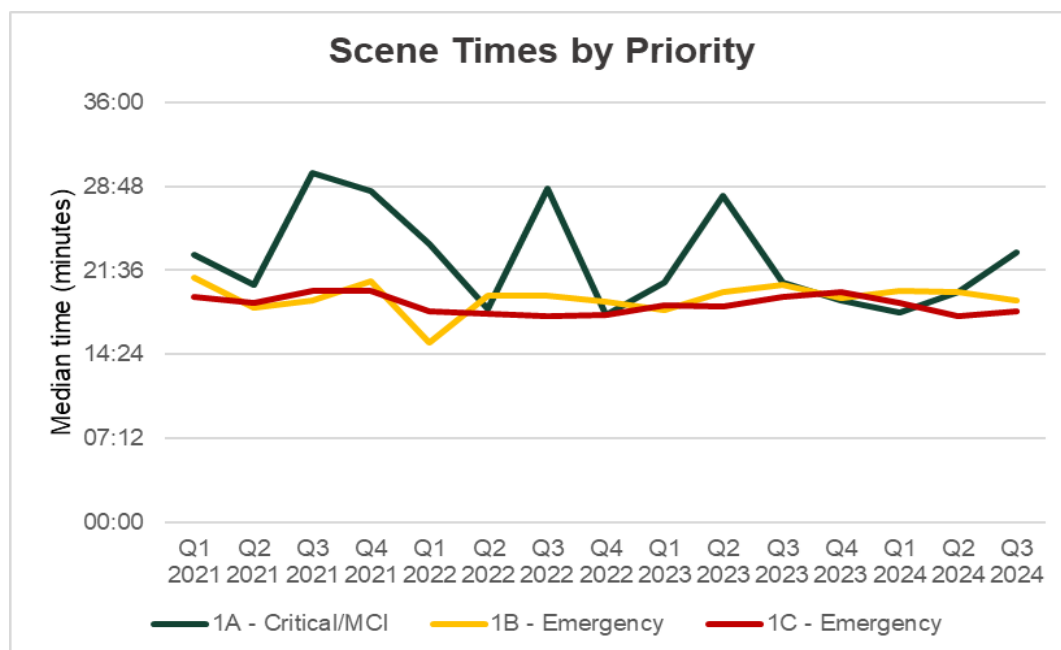


Table 12: Median scene times, by priority, Q3 2024.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5, P6
Urgency:	Critical	Urgent	Urgent	Non-urgent
NCD	16 mins	17 mins 50 secs	16 mins 50 secs	16 mins 46 secs
Central	23 mins 54 secs	21 mins 26 secs	21 mins 26 secs	23 mins 47 secs
Morobe	29 mins 16 secs	17 mins 17 secs	17 mins 54 secs	19 mins 50 secs
East New Britain	-	25 mins 29 secs	20 mins 12 secs	19 mins 51 secs
National Median	23 mins 11 secs	18 mins 59 secs	18 mins 3 secs	19 mins 33 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

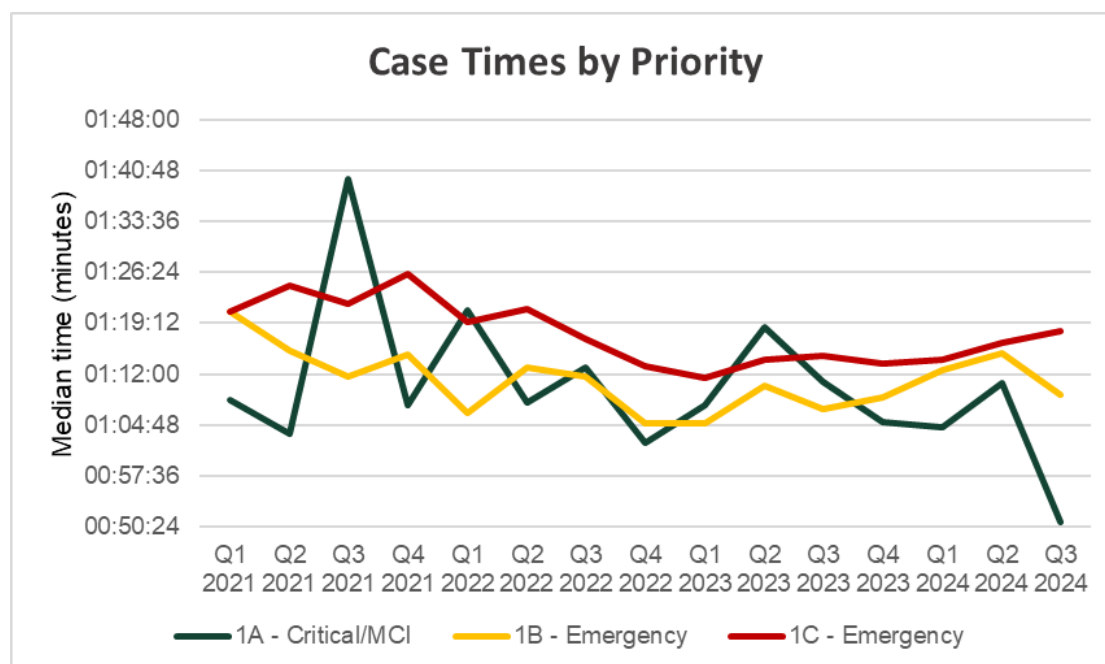
**Overall case** time is the time between when the emergency call is received by NStJA to when the ambulance arrives back at the station, (or is tasked to another emergency). The table below shows this median case time in minutes and seconds.

Table 13: Median case times, by priority, Q3 2024.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5, P6
Urgency:	Critical	Urgent	Urgent	Non-urgent
NCD	40 mins	1 hr 2 mins	1 hr 11 mins	2 hrs 1 min
Central	2 hrs 20 mins	2 hrs 32 mins	2 hrs 38 mins	5 hrs 18 mins
Morobe	1 hr 2 mins	57 mins	1 hr 9 mins	1 hr 53 mins
East New Britain	-	1 hr 37 mins	1 hr 34 mins	2 hrs 38 mins
National Median	51 mins	1 hr 9 mins	1 hr 18 mins	2 hrs 27 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.



## Fuel consumption

The table below show fuel consumption in litres for Q3 2024 compared with Q2 2024, by quarter, for quarter three.

Table 14: Amount of fuel in litres consumed by quarter, Q3 2024 vs Q2 2024

Vehicle Class	Q2 2024	Q3 2024	Change
4WD Ambulance	38,485	38,023	-462
2WD Ambulance	14,041	14,077	36
Specialist Ambulance	1,367	748	-619
Command and Response	4,300	5,435	1,134
Administration	8,817	8,727	-90
Others	1,564	1,713	149
<b>Total fuel used (L)</b>	<b>68,575</b>	<b>68,722</b>	<b>147</b>





# Reporting by Province

## National Capital District



### Incidents by Electorate

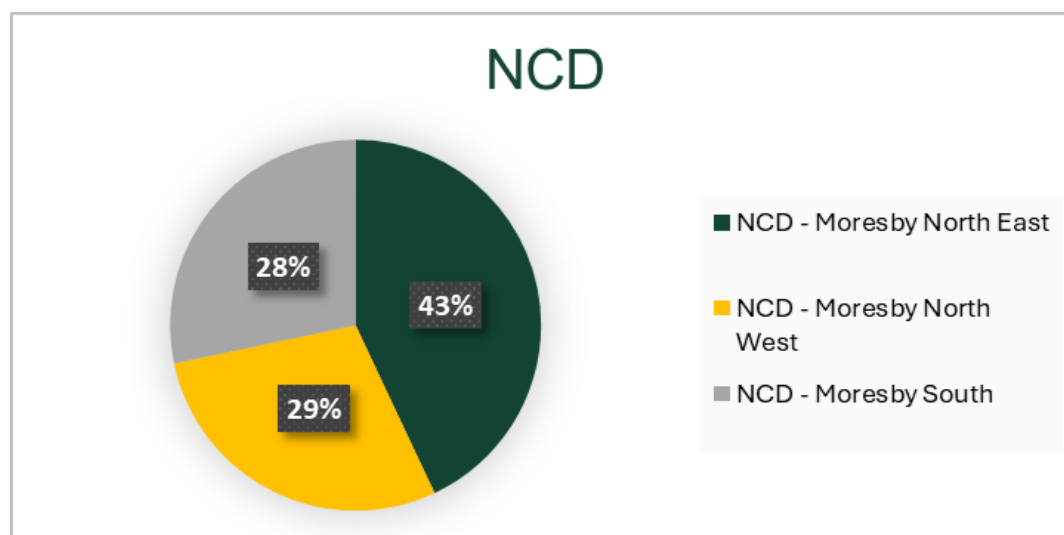
There has been an overall decrease of 14% in (NCD) incidents. The decrease in NCD incidents, particularly the notable 17% reduction in Moresby North-East, may be influenced by several factors. Key among them is the limited number of vehicles available to attend to emergencies, potentially leading to fewer reported cases. Additionally, this decline may reflect improved community health initiatives and increased public awareness campaigns.

Table 15: Incidents by electorate, NCD, Q3 2024.

Electorate	Q2 2024	Q3 2024	% of total	Change	
				Number	%
NCD - Moresby North East	2,172	1,804	43%	-368	-17%
NCD - Moresby North West	1,357	1,205	29%	-152	-11%
NCD - Moresby South	1,355	1,189	28%	-166	-12%
<b>Total incidents</b>	<b>4,884</b>	<b>4,198</b>	<b>100%</b>	<b>-686</b>	<b>-14%</b>

Figure 10 shows the split of incidents by electorate in NCD.

Figure 10: Share of incidents by electorate, NCD, Q3 2024



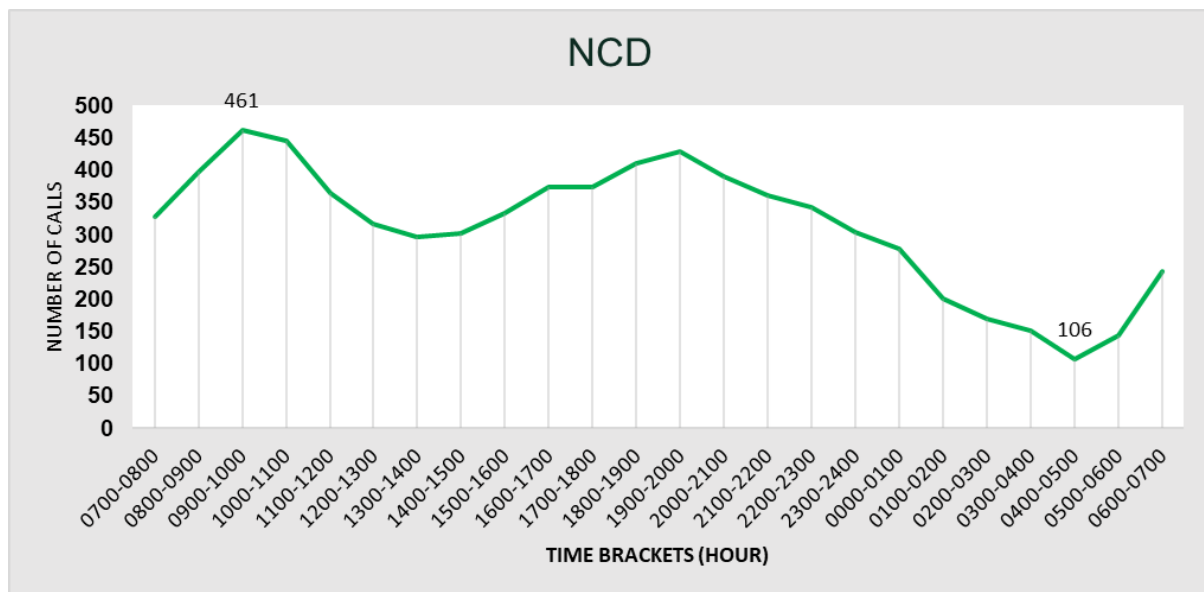




## Peak Call Periods

We keep track of the times at which calls for help are received. For NCD, the highest number of calls occurred between **09:00 -10:00** hours, while the least number of calls occurred between **04:00 – 05:00** hours.

Figure 11: Number of calls per hour, NCD, Q3 2024



## Fuel Consumption by Vehicle Type

Table 16: Amount of fuel consumed by vehicle type (L), NCD, Q3 2024 vs Q2 2024

Vehicle Class	Q2 2024	Q3 2024	Change
4WD ambulance	18,015	12,828	-5,187
2WD ambulance	12,733	13,750	1,017
Specialist Ambulance	1,367	748	-619
Command And Response	3,494	4,042	547
Administration	8,817	8,727	-90
<b>Total fuel used (L)</b>	<b>44,426</b>	<b>40,094</b>	<b>-4,332</b>





## Central Province

### Incidents by Electorate



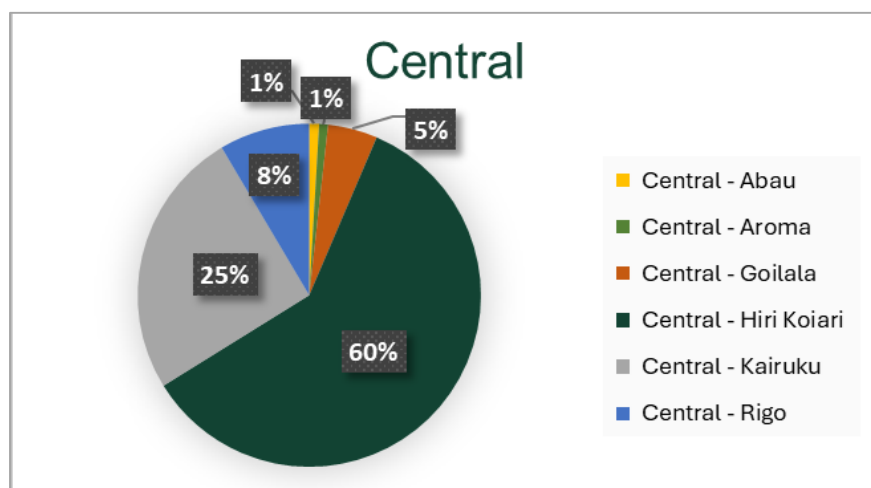
In Central Province, the Hiri-Koiari district, being the largest district in the province, accounted for the majority of incidents, 60% of the total this quarter. This significant percentage highlights the escalating demand for ambulance services in Hiri-Koiari, indicating a need for enhanced resources and support in this district to effectively manage the growing number of emergencies.

Table 17: Incidents by electorate, Central, Q3 2024

Electorate	Q2 2024	Q3 2024	% of total	Change	
				Number	%
Central - Abau	19	12	1%	-7	-37%
Central - Aroma	18	11	1%	-7	-39%
Central - Goilala	102	64	5%	-38	-37%
Central - Hiri Koiari	824	816	60%	-8	-1%
Central - Kairuku	407	345	25%	-62	-15%
Central - Rigo	152	116	8%	-36	-24%
<b>Total incidents</b>	<b>1,522</b>	<b>1,364</b>	<b>100%</b>	<b>-157</b>	<b>-10%</b>

Figure 12 shows the split of incidents by electorate.

Figure 12: Share of incidents by electorate, Central, Q3, 2024

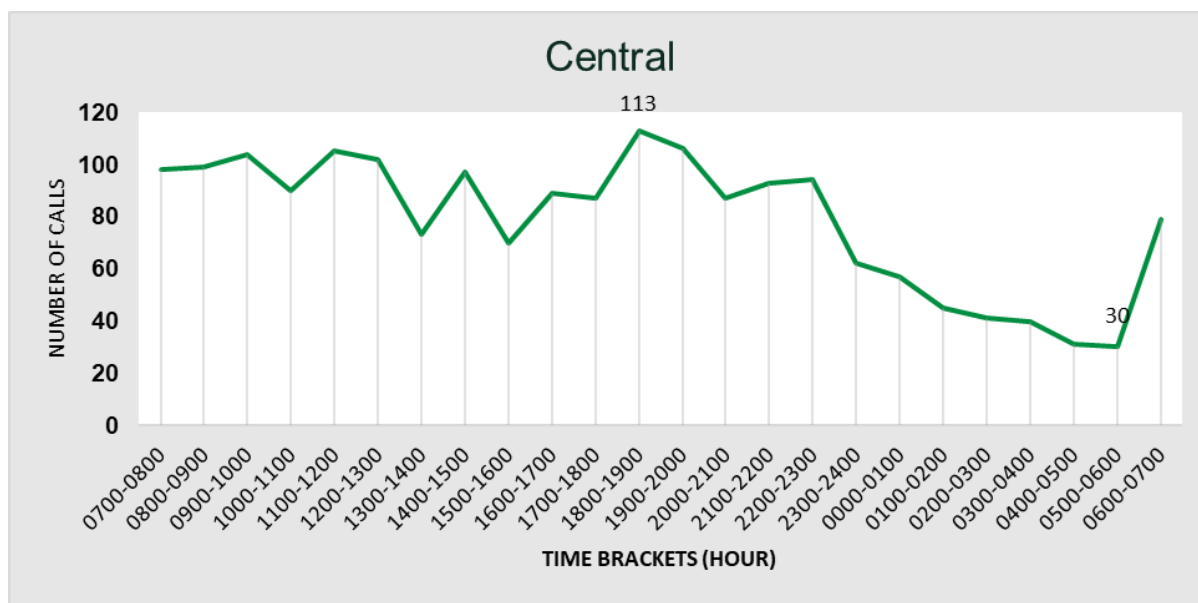




## Peak Call Periods

We keep track of the times at which calls for help are received. For Central Province, the highest number of calls are received between **18:00 – 19:00** hours, and the least number of calls are received between **05:00 – 06:00** hours during the quarter.

Figure 13: Number of calls per hour, Central, Q3, 2024



## Fuel Consumption by Vehicle Type

The amount of fuel consumed decreased by 25%, a reflection of the decrease in the number of patients attended to during the quarter.

Table 18: Amount of fuel consumed by vehicle type (L), Central, Q3 2024 vs Q2 2024

Vehicle Class	Q2 2024	Q3 2024	Change
4WD ambulance	9,570	7,196	-2,347
Total fuel used (L)	9,570	7,196	-2,347





## East New Britain

### Incidents by Electorate



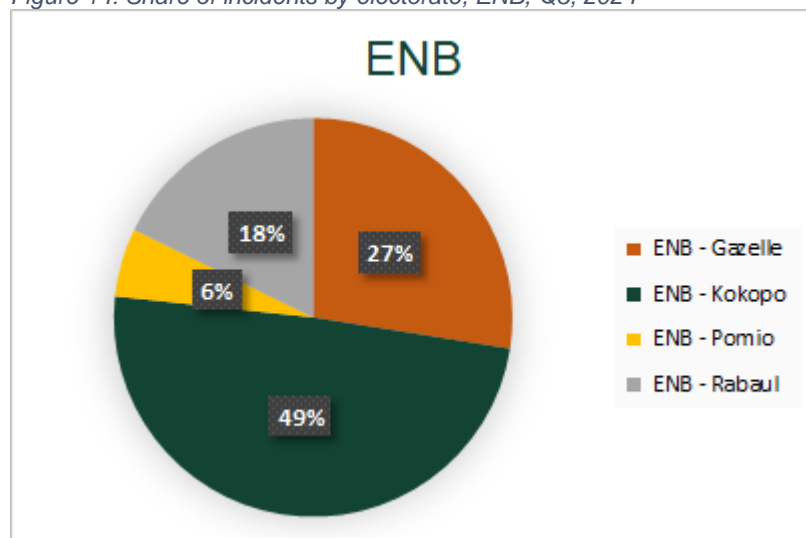
In this quarter, Kokopo and Gazelle in East New Britain together represented 77% of all reported incidents. Overall, the data shows incidents in East New Britain (ENB) stayed almost the same from Q2 to Q3 of 2024, increasing slightly by 0.4% (from 735 to 738 incidents).

Table 19: Incidents by electorate, ENB, Q3 2024

Electorate	Q2 2024	Q3 2024	% of total	Change	
				Number	%
ENB - Gazelle	215	203	28%	-12	-6%
ENB - Kokopo	327	363	49%	36	11%
ENB - Pomio	58	41	6%	-17	-29%
ENB - Rabaul	135	131	18%	-4	-3%
<b>Total incidents</b>	<b>735</b>	<b>738</b>	<b>100%</b>	<b>2</b>	<b>0.4%</b>

Figure 14 shows the split of incidents by electorate.

Figure 14: Share of incidents by electorate, ENB, Q3, 2024



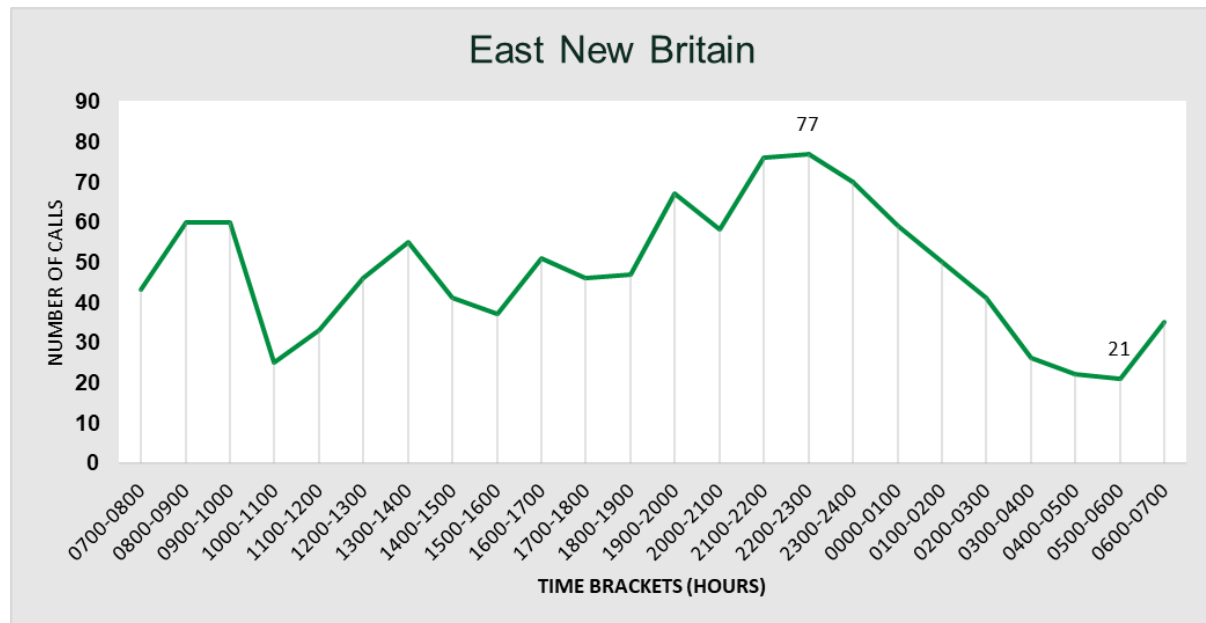




## Peak Call Periods

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 **22:00 – 23:00** 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 15: Number of calls per hour, ENB, Q3, 2024



## Fuel Consumption by Vehicle Type

Table 20: Amount of fuel consumed by vehicle type (L), ENB, Q3 2024 vs Q2 2024

Vehicle Class	Q2 2024	Q3 2024	Change
4WD ambulance	5,567	6,876	1,309
2WD ambulance	253	236	-17
Command and Response	-	163	163
Total fuel used (L)	5,821	7,112	1,292

# Timely Help for Faustina After Severe Leg Injury

On Saturday 27 July at Wairiki #4 in Rabaul District, East New Britain Province, 13-year-old Faustina Joseph was injured by a fallen coconut.

While playing near her home, a coconut fruit dropped unexpectedly, hitting her right leg resulting in a compound fracture (i.e. the bone in her lower leg had broken and the bone was now protruding outside the leg'). This can be a serious emergency requiring the ambulance staff careful stabilisation of the fracture before moving the patient. If a broken bone isn't properly supported, it can cause a lot of pain, harm a nerve, or even tear an artery, which can lead to dangerous bleeding. That is why proper stabilisation of the leg by ambulance officers is so important

Off-duty and at home, local ambulance officer Cyril Tomtili was called by the family to assist. After assessing the situation, Cyril immediately contacted the National Ambulance Operations Command Centre to report the emergency. He applied a pressure dressing to control the bleeding and advised the patient to stay in one position with minimal to no movement to relieve pain.

The Delta Crew on duty which included Reservist Ambulance Driver, HEO Peter Apurap and Clinician Misilie Padik was dispatched at 12:55pm and arrived at the scene by 1:28pm.

The patient reported moderate to severe pain, with a pain score of 6-7/10. A back slab splint was applied, and one tablet of Paracetamol was administered. The patient was reassured that she would be fine and would be transferred to a larger health facility for specialist review and assistance. She was taken to the Rabaul Provincial Hospital.

The parents thanked the NStJA officers for their quick response. Faustina's mother Rose, expressed her gratitude, saying, "I was confused about what to do when I saw my daughter bleeding from the fractured limb. Luckily, Cyril was nearby, so we alerted him of the incident, and he called his team to attend to my daughter. If it weren't for St John Ambulance, we would have had to look for PMVs and pay to transport my daughter to the Hospital. It would have been an uncomfortable experience for her at the back of the PMV."

Weeks later, when the team crossed paths with her again, she was back on her feet with crutches, enjoying time with friends in the village. Faustina has since recovered from her injuries thanks to the timely help from Officer Cyril and the Delta team.





## Lae City & Morobe Province

### Incidents by Electorate

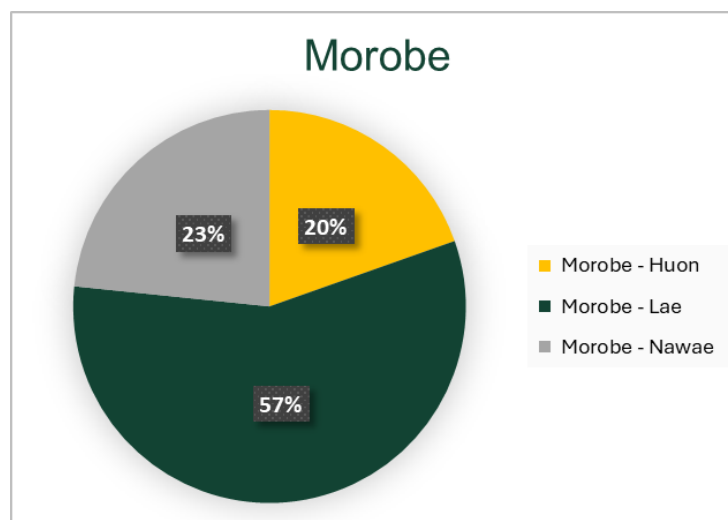
In Morobe, Lae City accounted for the highest proportion of incidents, representing 46% of the total among electorates. Overall, the data indicates a 17% decrease in incidents across Morobe electorates from Q2 to Q3 of 2024, reflecting a decline in reported cases during this period.

Table 21: Incidents by electorate, Morobe, Q3 2024

Electorate	Q2 2024	Q3 2024	% of total	Change	
				Number	%
Morobe - Huon	710	448	16%	-262	-37%
Morobe - Lae	2,107	1,304	46%	-803	-38%
Morobe - Nawae	633	534	19%	-99	-16%
Morobe - Bulolo	5	-	-	-5	-100%
<b>Total incidents</b>	<b>3,455</b>	<b>2,860</b>	<b>100%</b>	<b>-595</b>	<b>-17%</b>

Figure 16 shows the split of incidents by electorate.

Figure 16: Share of incidents by electorate, Morobe, Q3 2024

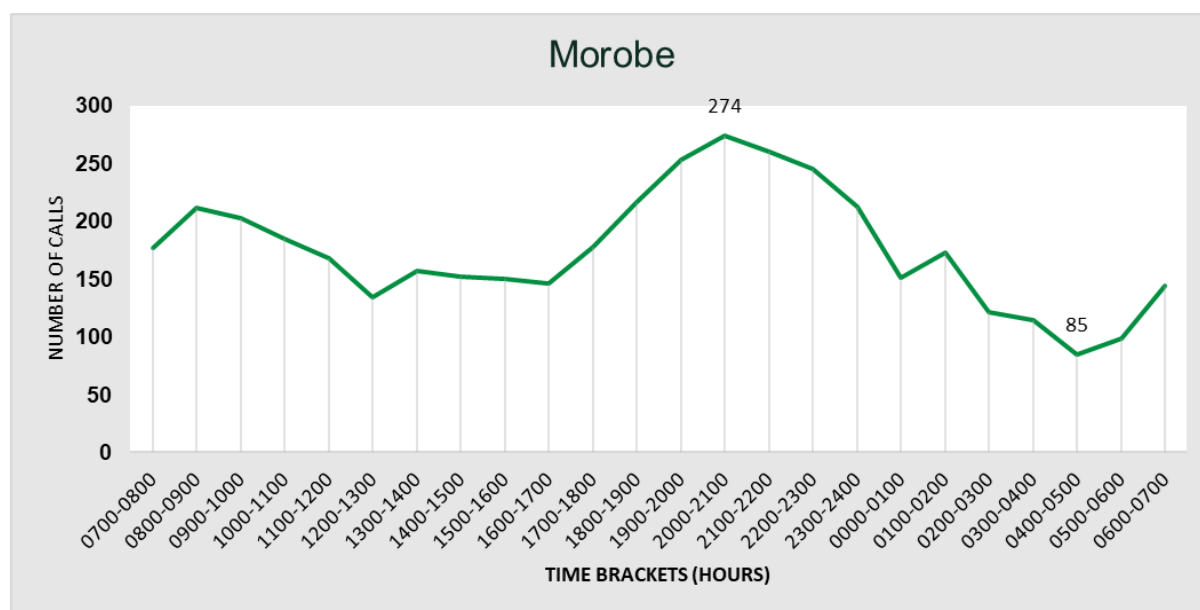




## Peak Call Periods

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

Figure 17: Average calls per hour, NCD, Q3 2024



## Fuel Consumption by Vehicle Type

The table below shows an increase in fuel used overall in spite of the decreasing number of incidents.

Table 22: Amount of fuel consumed by vehicle type (L), Morobe, Q3 2024 vs Q2 2024

Vehicle Class	Q2 2024	Q3 2024	Change
4WD ambulance	5,333	10,500	5,167
2WD ambulance	1,055	91	-964
Command And Response	806	1,230	424
Total fuel used (L)	7,193	11,821	4,627



# 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

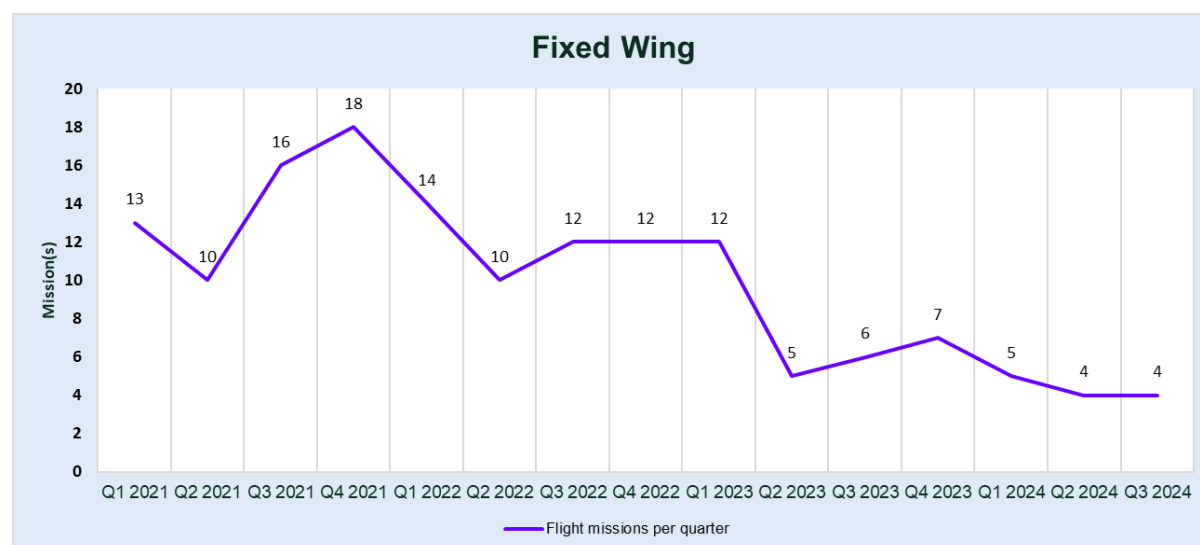
NStJA coordinated four (4) fixed-wing missions this quarter.

Table 23: Fixed-wing missions, Q3 2024 vs Q2 2024

Fixed-wing	Q2 2024	Q3 2024	YTD Total (missions)
Southern	1	0	3
Momase	1	1	3
NGI	2	0	2
Highlands	0	2	3
Australia	0	0	1
International (other)	0	1	1
<b>Total missions</b>	<b>4</b>	<b>4</b>	<b>13</b>

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

Figure 18: 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 24: Fixed-wing flight hours, Q3 2024 vs Q2 2024

Fixed wing	Q2 2024	Q3 2024	YTD total (hours)
Southern	4	0	7.1
Momase	4	2	8.9
NGI	7	0	7
Highlands	0	5.5	7
Australia	0	0	3
International (other)	0	13	13
<b>Total hours</b>	<b>15</b>	<b>20.5</b>	<b>46</b>

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

Figure 19: Fixed-wing flight hours by quarter, Q1 2021 onwards





## Helicopter missions and flight hours

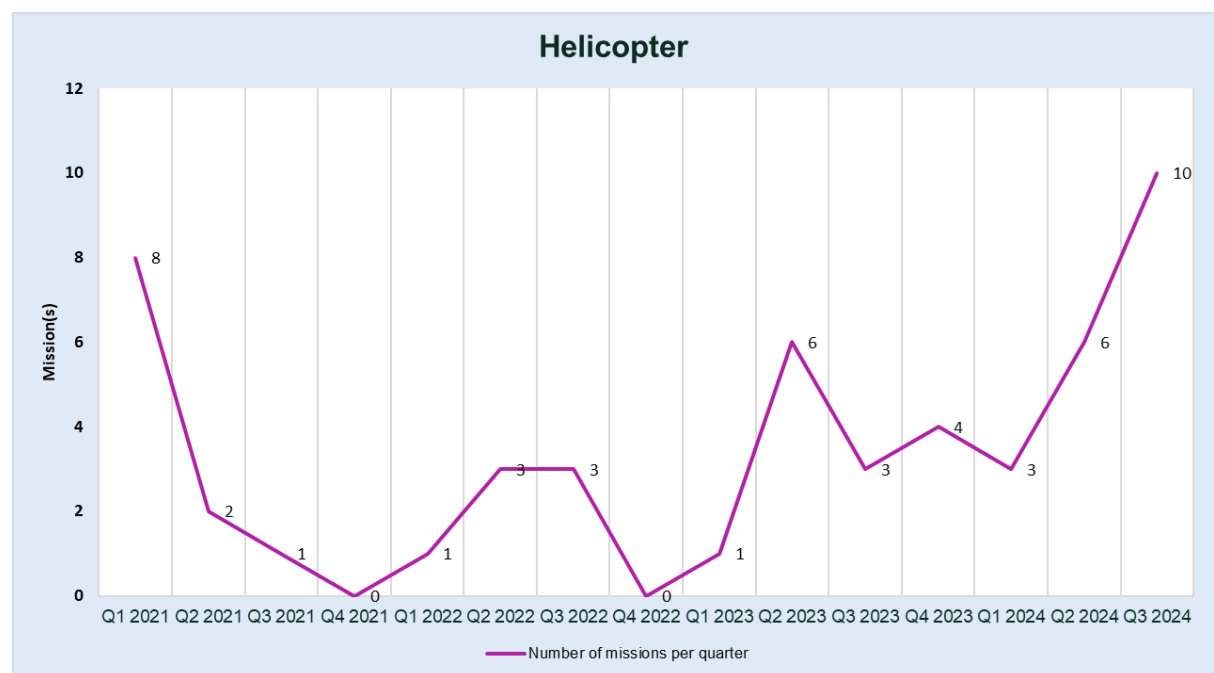
NStJA oversaw 19 helicopter missions this year.

Table 25: Helicopter missions, Q3 2024 vs Q2 2024

Helicopter	Q2 2024	Q3 2024	YTD Total (missions)
Southern	6	6	15
Momase	-	1	1
NGI	-	0	0
Highlands	-	2	2
International	-	1	1
<b>Total hours</b>	<b>6</b>	<b>10</b>	<b>19</b>

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

Figure 20: Helicopter missions by quarter, Q1 2021 onwards





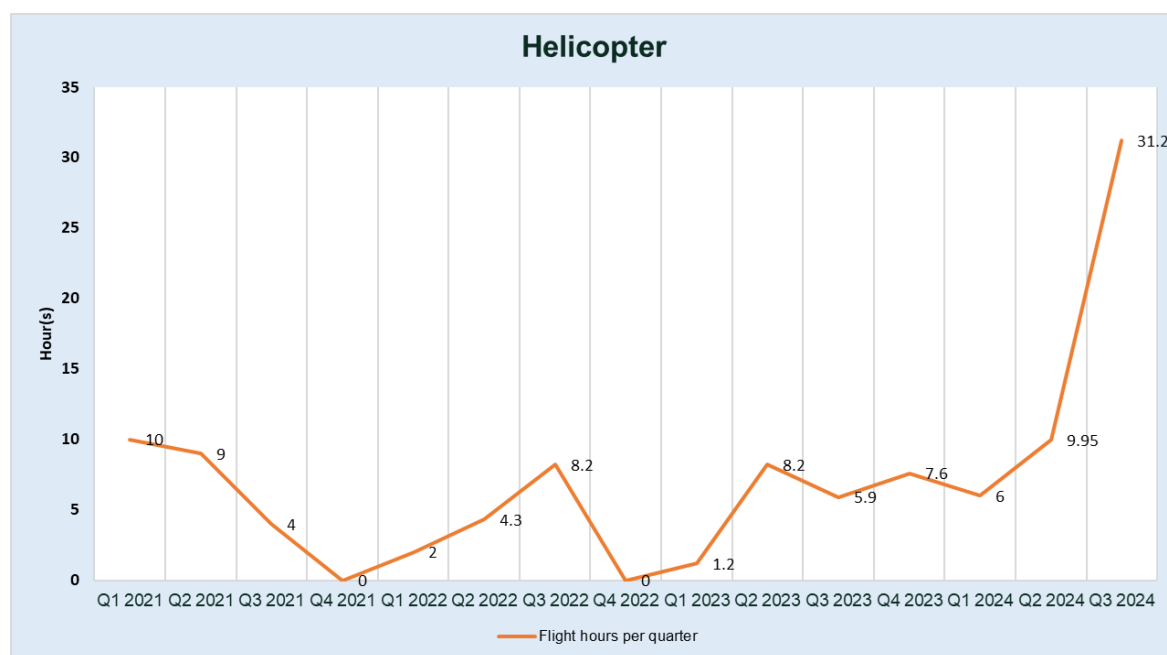
The total hours flown by helicopter to provide care during this year are shown below.

Table 26: Helicopter flight hours, Q3 2024 vs Q2 2024

Helicopter	Q2 2024	Q3 2024	YTD Total (hours)
Southern	10	8.7	24.65
Momase	-	4	4
NGI	-	-	-
Highlands	-	5.5	5.5
International	-	13	13
<b>Total hours</b>	<b>10</b>	<b>31.2</b>	<b>47.15</b>

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

Figure 21: Helicopter flight hours by quarter, Q1 2021 onwards



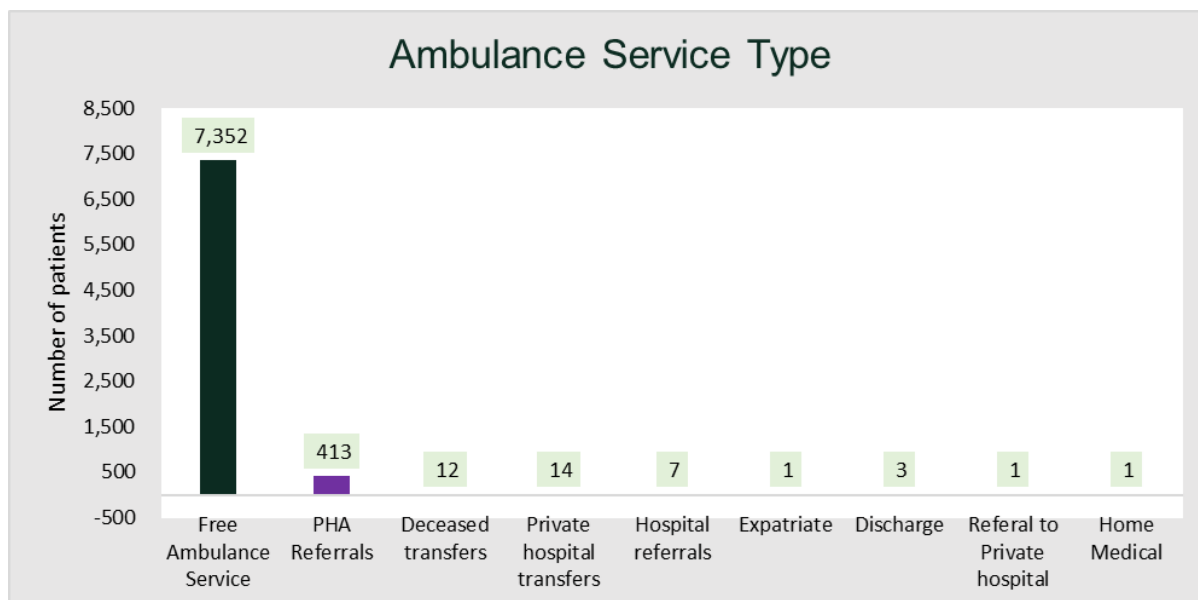


# Patient Transport Fees

## 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 22: Number of patients treated, by billing category, Q3 2024.



## Private Patient Fees

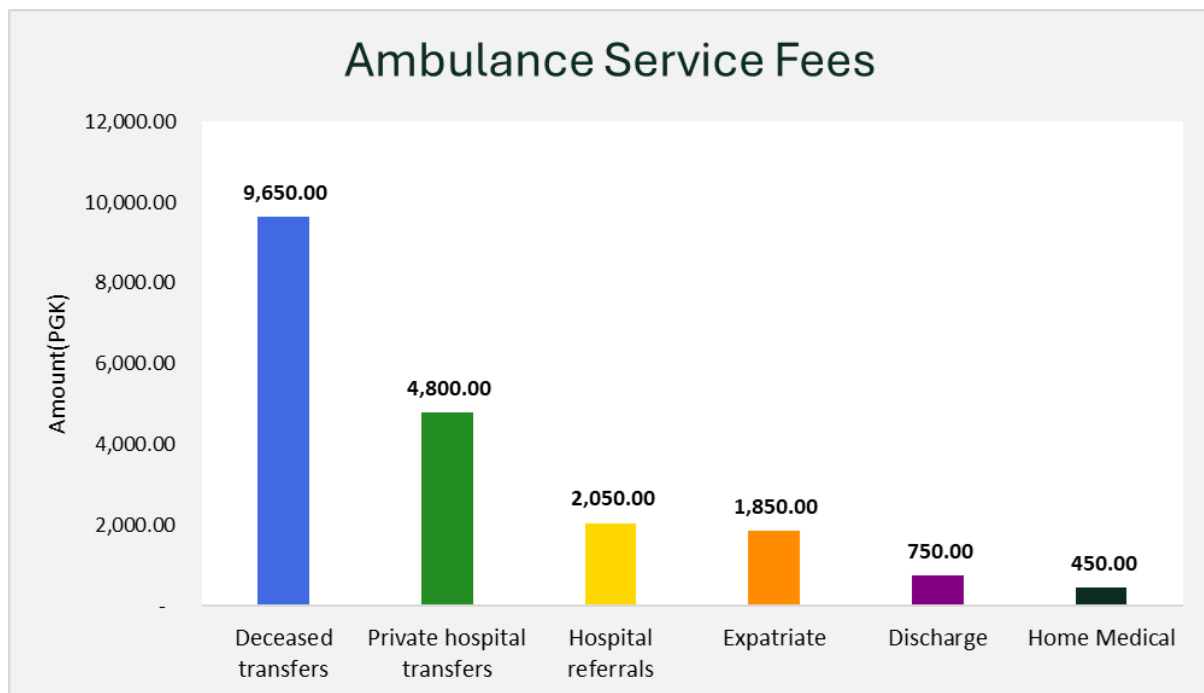
Sometimes patients request NStJA to transport them to a private hospital or request services that are not for an emergency, such as transport from a hospital to home (patient discharge), to an airport for overseas treatment, or where a family requests mortuary transport. NStJA charges a fee for these 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 19,550.00**. These fees helped subsidise the free public ambulance service.





Figure 23: Ambulance service fees by category, Q3 2024



The table below shows ambulance service fees for Q3 2024 compared to the previous quarter.

Table 27: Ambulance fees, PGK, Q3 2024 vs Q2 2024

Form of Payment	Q2 2024	Q3 2024
Cash	-	-
EFTPOS	30,450	4,250
Cheque/Internet transfer	-	15,300
<b>Total (PGK)</b>	<b>30,450</b>	<b>19,550</b>



# Key Performance Indicators

## Ambulance Operations Centre 111

Area	Target	Indicator source	Qtr 3 indicator
Call Answering Time	Calls to 111 are answered by the call-taker within 10 seconds on average	PABX call-logs	-
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	3 minutes 13 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	5 minutes 53 seconds
Caller Satisfaction	≥ 90% of the callers' report that the 111 call-taker was helpful	CAA Patient Experience Survey	91% caller satisfaction

## Ambulance Service Key Performance Measures

Area	Target	Indicator source	Qtr 3 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 45 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 23 minutes 41 seconds
Patient Satisfaction	≥ 90% of patients report being satisfied or very satisfied with NStJA's service	CAA Patient Experience Survey	91% Satisfaction

# Education & Training

This shows the number of students who **completed** training as at the last day of the reporting period. If students are still completing (studying) the course at the end of the reporting period, the course is not to be shown here and should be 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.

Province	School Name	Days of training	Students Completed
NCD	Limana Vocational Centre	2	119
NCD	Butuka Academy	2	179
NCD	Kaugere Junior High	2	130
NCD	Port Moresby Grammar School	3	77
NCD	New Erima High	1	112
<b>Total</b>		<b>10</b>	<b>617</b>

## Hospital Emergency Life Support Training

Free community first aid training conducted by St John Ambulance in communities.

Province	Location	Days of training	Students Completed	Student satisfaction score (average)
Central	Kwikila Interim Hospital	5	80	100%
Central	Abau District Hospital	2	32	100%
Central	Kuriva Sub-Health Central	1	11	100%
Central	Bereina Health Centre	5	102	100%
<b>Total</b>		<b>13</b>	<b>225</b>	<b>100%</b>





# 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)



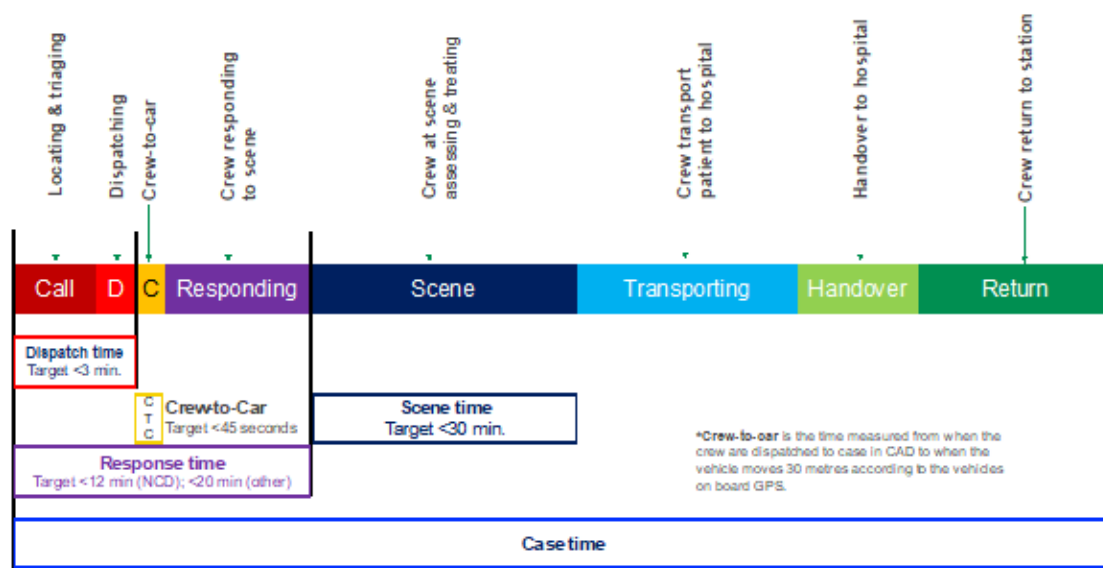
# Definitions & Terminology

## Terminology

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

Term	Definition	Comment
<b>Incident</b>	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.
<b>Response</b>	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
<b>Patient</b>	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>	<b>Immediate</b> 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>	<b>Immediate</b> 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>	<b>Priority</b>	Yes	1 - 2	Within 15 minutes
2A	Unlikely threat to life. <i>e.g., abdominal pain</i>	<b>Urgent</b>	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](mailto:enquiries@stjohn.org.pg)  
[www.stjohn.org.pg](http://www.stjohn.org.pg)