



Activity Report Ambulance Service

FOURTH QUARTER
01 OCTOBER – 31 DECEMBER 2022

Published 18 April 2023, Port Moresby



Introduction

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

Funding: St John is primarily funded by the national government, with co-contributions from the provincial governments. Other sources of revenue include fees paid by private patients and non-citizens, memberships, direct donations. St John raises around PGK 3.8m through teaching first aid to workplaces and from selling first aid kits – 100% of this revenue supplements the government funding for the ambulance service.

Reporting period: This document reports the activity of the ambulance service for the period of **Quarter 4** (01 October 2022 until 31 December 2022). Activities are described by their clinical, demographical, and geographical characteristics in all provinces that St John Ambulance operates.

Resourcing

24-hour resources	NCD	Morobe	ENB	Central
Advanced Life Support	1	0	-	-
Basic Life Support	5	1	1	-
Reservist	0	-	-	-
Total	6	1	1	-

On-call resources	NCD	Morobe	ENB	Central
Reservist	-	-	-	2
Advanced Life Support	-	1	1	-
Paramedic	2	-	-	-
Doctor	1	-	-	-
Command	3	-	-	-
Total	6			



Summary of this quarter

Incidents attended and distance covered

Incidents	SPLY	Last quarter	This quarter	% increase/decrease
Emergencies	3,966	5,789	5,968	3% +
Distance covered (km)		273,962.6	311,726.9	13.8%+

National Level Time-Based Operational Performance

Market	Priority 1A		Priority 1B & 1C		All other priorities P2, P3, P4, P5, P6	
	Critical		Urgent		Non-urgent	
	Target	Q4	Target	Q4	Target	Q4
Dispatch time (median)	3 min	3 min 2 sec	3 min	8 min 7 sec	Case dependent	19 min 43 sec
Response time (median)	12 min	21 min 10 secs	15 min	42 min 8 sec	Case dependent	64 mins 22 sec
Scene time (average)	30 min	35 min 54 sec	30 min	39 min 5 sec	40 min	42 min 45 sec
Overall Case time (average)	75 min	72 min 15 sec	120 min	103 min 6 sec	140 min	132 min 19 sec

Measures

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



Ambulance Service
Papua New Guinea

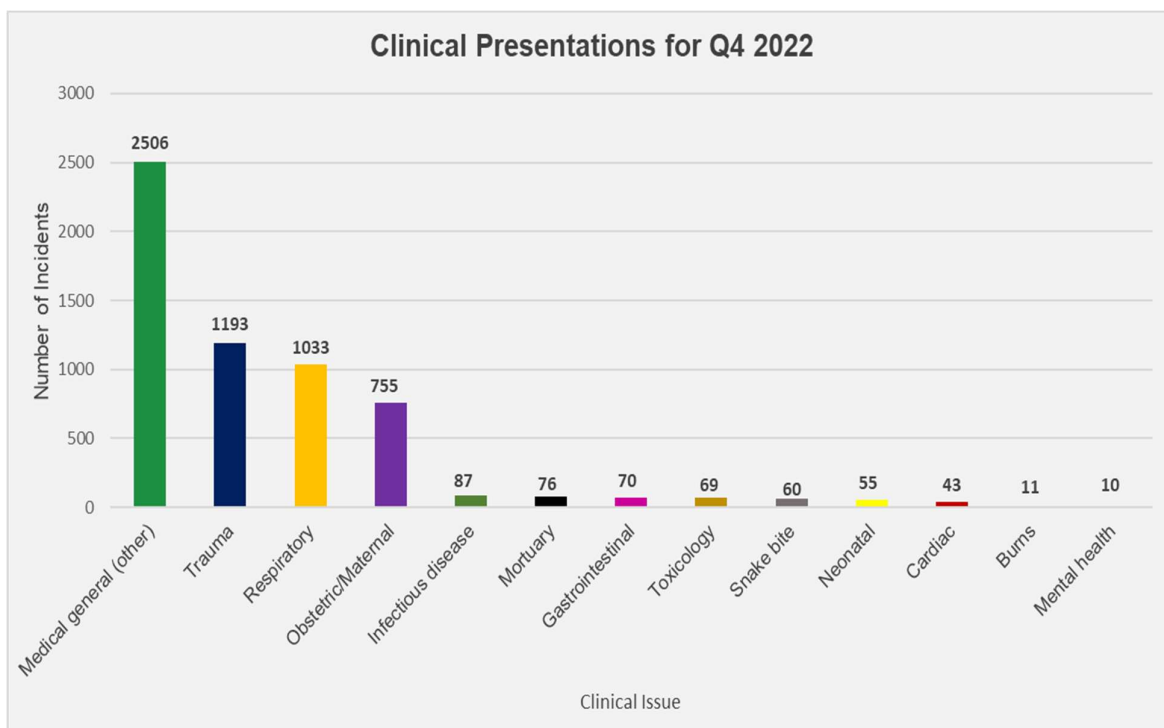


NATIONAL PERFORMANCE

Incidents by medical problem

During the reporting period, St John attended to **5,968** incidents. This is a **179** case **increase** compared to Q3 2022.

The graph below shows the type of clinical issue and the total number of incidents attended by clinical issues.



The table below shows the number of incidents and the type of clinical issues attended to in Q4 2022 compared to the same period of the previous quarter.



Clinical Presentation	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	2022 Total
Burns	6	16	14	9	11	50
Cardiac	72	101	102	170	43	416
Gastrointestinal	159	288	423	699	70	1,480
Infectious disease	161	170	280	162	87	699
Medical general (other)	1222	1,309	1,465	1,633	2,506	6,913
Mental health	20	27	47	21	10	105
Obstetric/maternal	490	621	843	665	755	2,884
Respiratory	887	1,042	967	1,055	1,033	4,097
Snake bite	48	42	54	60	60	216
Toxicology	25	31	33	69	69	202
Trauma	759	812	859	1,129	1,193	3,993
Neonatal	84	80	82	90	55	307
Mortuary	33	36	72	27	76	211
Total	3,966	4,575	5,241	5,789	5,968	21,573

CEO's Analysis of clinical presentation variances

When comparing Q4 2022 to Q3 2022, St John has seen a significant increase in emergency incidents.

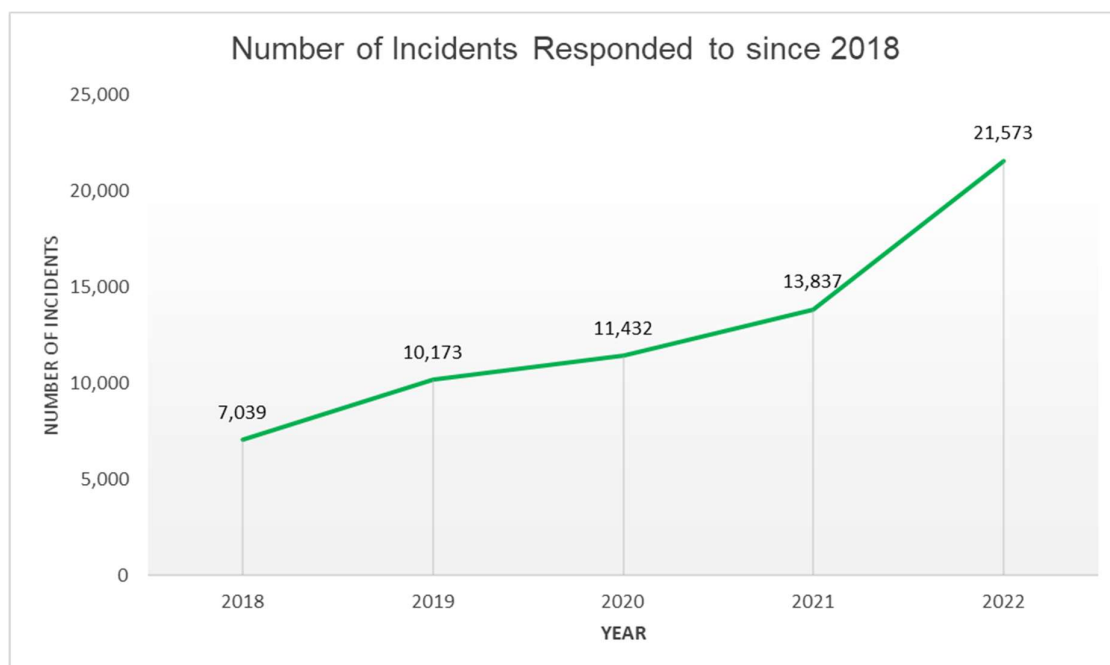
Most clinical presentations for this period are classified as general medical issues, with a 53.5% increase from quarter 3 2022. Since the first quarter of 2022, general medical issues have steadily increased. In terms of categorizing incidents into clinical presentations, most of the cases attended to are regarded as sick person, diabetic, headache, seizure, stroke, unconscious back pain and etc.

Trauma cases have increased by 5%, this is due to working during a peak period (December) where there is an increased number of assaults and/or police incidents.

Respiratory and SOB cases have decreased by 2%. On the same note, cardiac 74% reduction and an 85% decrease in gastrointestinal cases.



EMERGENCY INCIDENT GROWTH SINCE 2018



The graph above indicates the total incidents 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.

CEO's Analysis

There has been a significant increase in incidents overall for NCD, specifically in the Moresby North East electorate with 44% compared to other districts in the Nation's Capital.

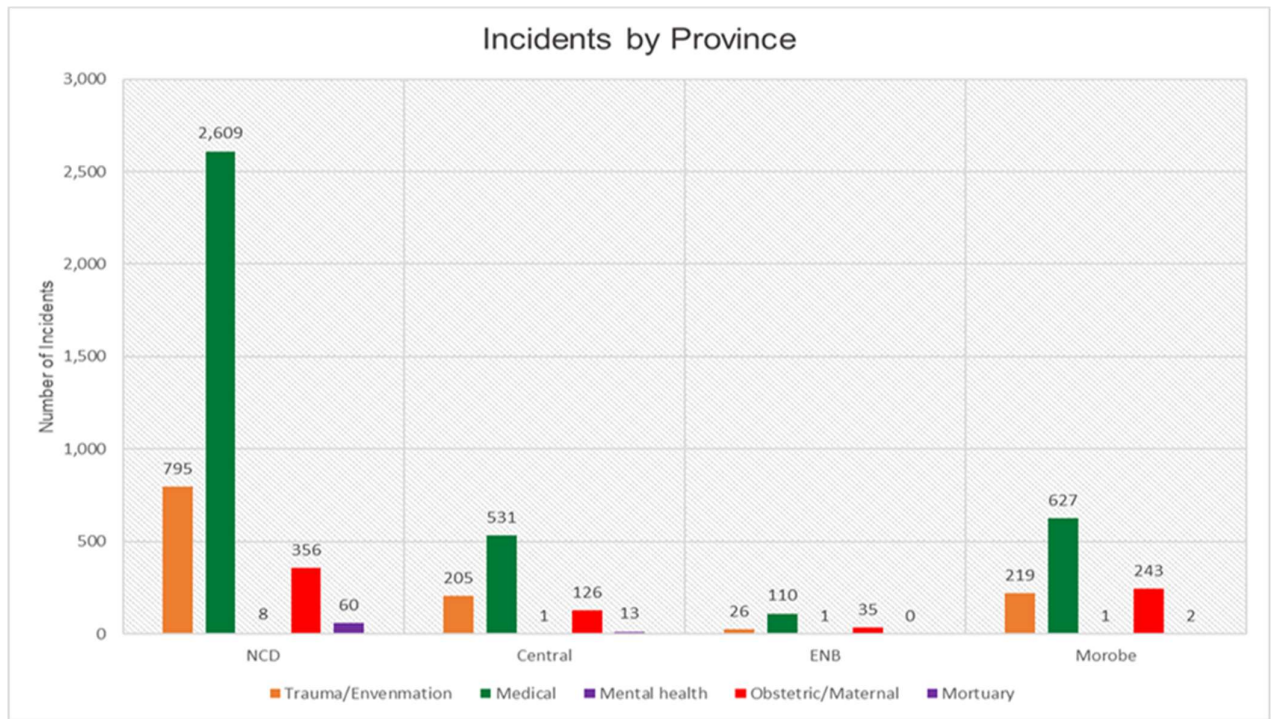
In Central, Kairuku Hiri, the largest district accounted for the most incidents attended with 98% in Q4 2022. Moving forward, the Kairuku-Hiri district will be separated into Hiri Koiari and Kairuku.

Kokopo district in East New Britain has seen a 54% increase in incidents this quarter compared to previous reports.

In Morobe, Lae city accounted for most of the incidents with 78% compared to other electorates. The incidents were attended to within the city area due to road conditions and distance.



INCIDENTS BY PROVINCE



The table below show the total incidents per provinces in Q4 2022.

Clinical Presentation	NCD	Central	ENB	Morobe	Total
Burns	7	4	0	4	15
Cardiac	23	16	1	4	44
Gastrointestinal	40	28	3	3	74
Infectious disease	54	29	7	2	92
Medical general (other)	1,694	310	71	428	2,503
Mental health	8	1	1	1	11
Obstetric/maternal	356	126	35	243	760
Respiratory	734	117	23	161	1,035
Snake bite	28	30	0	3	61
Toxicology	39	16	3	12	70
Trauma	760	171	26	212	1,169
Neonatal	25	15	2	17	59
Mortuary	60	13	0	2	75
Total Incidents	3,828	876	172	1,092	5,968



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 patient's level of consciousness and respiratory status.



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

The time to reach a patient can be affected by many factors. Some factors are relatively within 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 the 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.



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).

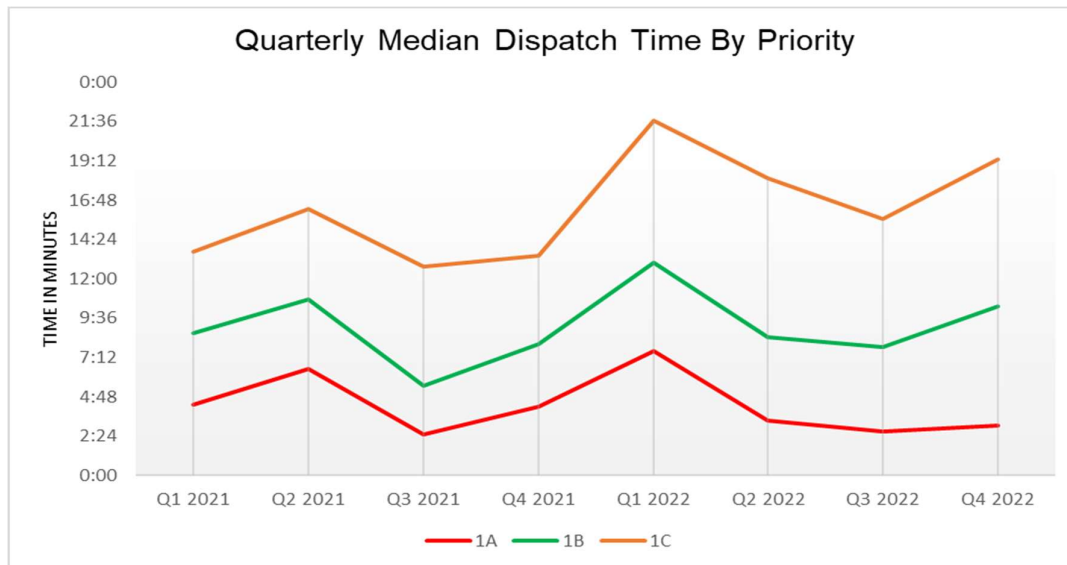
Q4 2022 median Dispatch time

Priority	1A	1B	1C	2A	2B	3
Target (less than)	3m	3m	3m	30m	30m	30m
NCD	2m 42s	3m 2s	6m 46s	9m 46s	19m 7s	32m 4s
Central Province	3m 2s	5m 43s	10m 30s	15m 9s	21m 9s	30m 3s
Lae City	21m 10s	26m 10s	49m 27s	56m 49s	59m 8s	91m 33s
Morobe	4m 1s	5m 51s	12m 13s	18m 50s	12m 13s	42m 50s
Kokopo Town	-	13m 7s	7m 25s	8m 4s	11m 19s	18m 53s
East New Britain	2m 59s	8m 43s	7m 15s	6m 24s	11m 45s	26m 50s
National Median	6m 23s	10m 26s	15m 26s	19m 30s	22m 17s	40m 32s
(station)	(minutes and seconds)					

CEO's Commentary: SJA achieved remarkably positive dispatch times for NCD. Unfortunately, unacceptable dispatch times occurred in regional centres because ambulances were not available at time of call. In Morobe and ENB only one ambulance is on duty at any one-time. Funding to staff more ambulances is greatly needed in ENB and Morobe immediately.



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





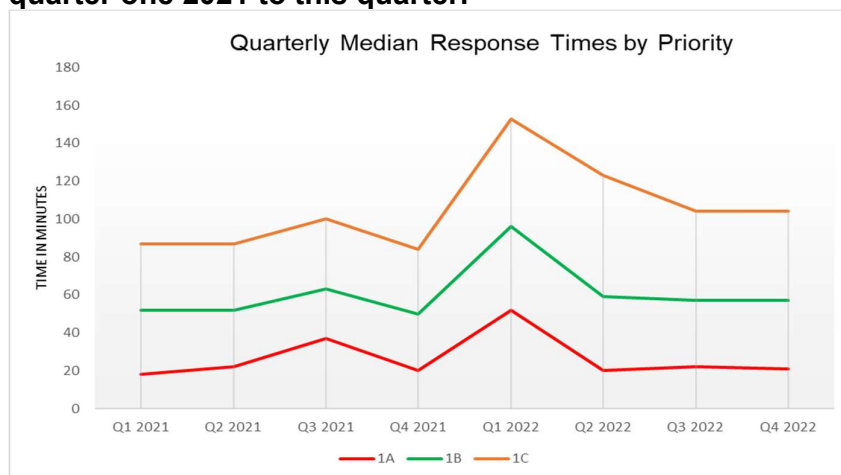
Response Time

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 is equivalent to less than 8 minutes¹. St John targets 12 minutes in urban areas.

This **quarter's median response time** in minutes and seconds

Priority	1A	1B	1C	2A	2B	3
Target (less than)	12m	15	15	60	90	120
NCD	13m 21s	18m 45s	30m 12s	35m 8s	45m 24s	50m 13s
Central Province	41m 26s	49m 15s	81m 20s	73m 36s	84m 7s	168m 42s
Lae City	21m 10s	26m 10s	49m 27s	56m 49s	59m 8s	91m 33s
Morobe	21m 10s	28m 48s	48m 47s	56m 44s	50m 32s	76m 9s
Kokopo Town	-	43m 52s	43m 53s	56m 59s	43m 5s	49m 4s
East New Britain	-	50m 42s	48m 7s	29m 11s	54m 29s	101m46s
National Median	21m 10s	36m 20s	47m 57s	56m 46s	52m 30s	83m 51s
(station)	(minutes and seconds)					

Line graph showing median response time by quarter for 1A, 1B and 1C, from quarter one 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 **quarter's average scene time** in minutes and seconds.

Priority	1A	1B	1C	2A	2B	3
Target (less than)	30m	30m	30m	40m	40m	40m
NCD	31m 16s	32m 52s	37m 56s	37m 56s	36m 56s	36m 15s
Central Province	55m 42s	75m 7s	91m 17s	76m 52s	74m 10s	141m 11s
Lae City	20m 44s	12m 48s	14m 10s	9m 56s	12m 11s	26m 17s
Kokopo Town	-	34m 23s	14m 10s	12m 29s	13m 38s	35m 14s
National Average	35m 54s	38m 47s	39m 23s	34m 18s	34m 13s	59m 44s
(station)	(minutes and 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 the station, (or is tasked to another emergency)

This **quarter's average case time** in minutes and seconds.

Priority	1A	1B	1C	2A	2B	3
Target (less than)	75m	120m	120m	140m	170m	200m
NCD	64m 13s	65m 43s	77m 27s	80m 7s	89m 27s	121m 7s
Central Province	84m 22s	149m 25s	174m 19s	159m 9s	156m 16s	327m 15s
Lae City	85m 33s	70m 39s	102m 25s	119m 56s	105m 49s	174m 32s
Morobe	57m 51s	66m 38s	92m 4s	95m 28s	88m 17s	128m 11s

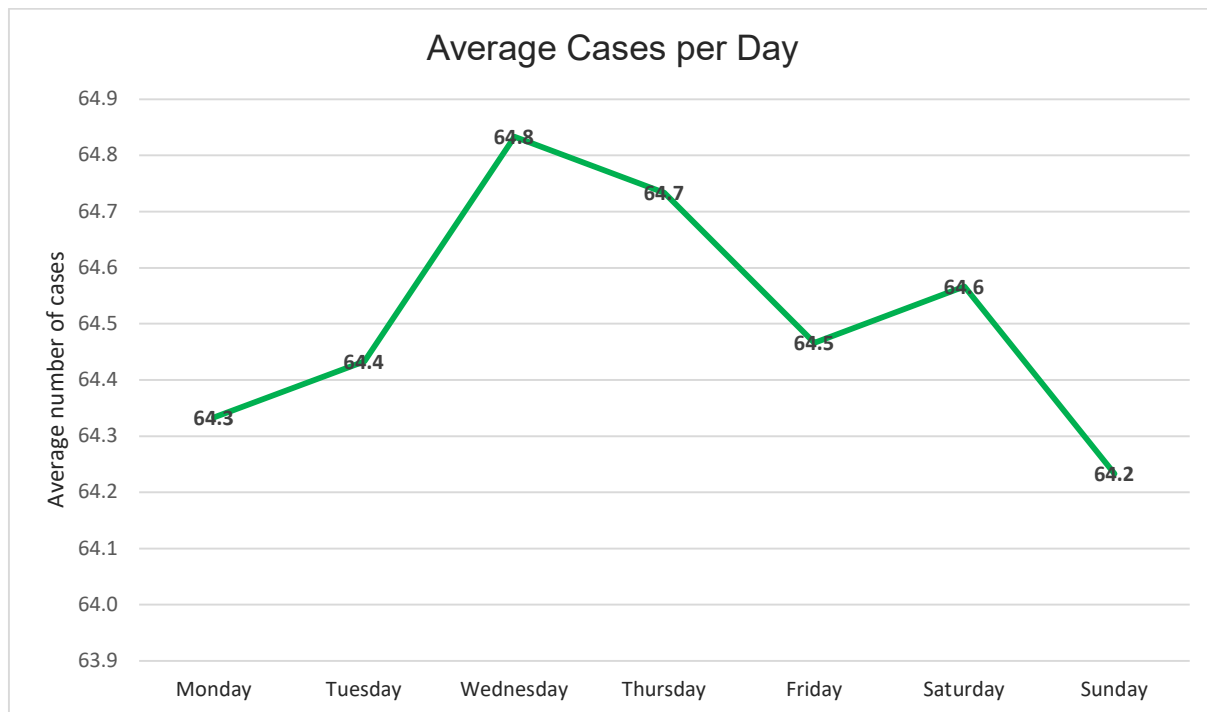


Kokopo Town	-	141m 17s	93m 32s	129m 39s	100m 27s	172m 18s
East New Britain	69m 19s	119m 9s	84m 43s	69m 14s	90m 32s	174m 15s
National Average	72m 15s	102m 8s	104m 5s	108m 55s	105m 8s	182m 56s
(station)	(minutes and seconds)					

Average cases per day in the reporting period

The graph below indicates the average number of incidents responded to per day in quarter 4 of 2022.

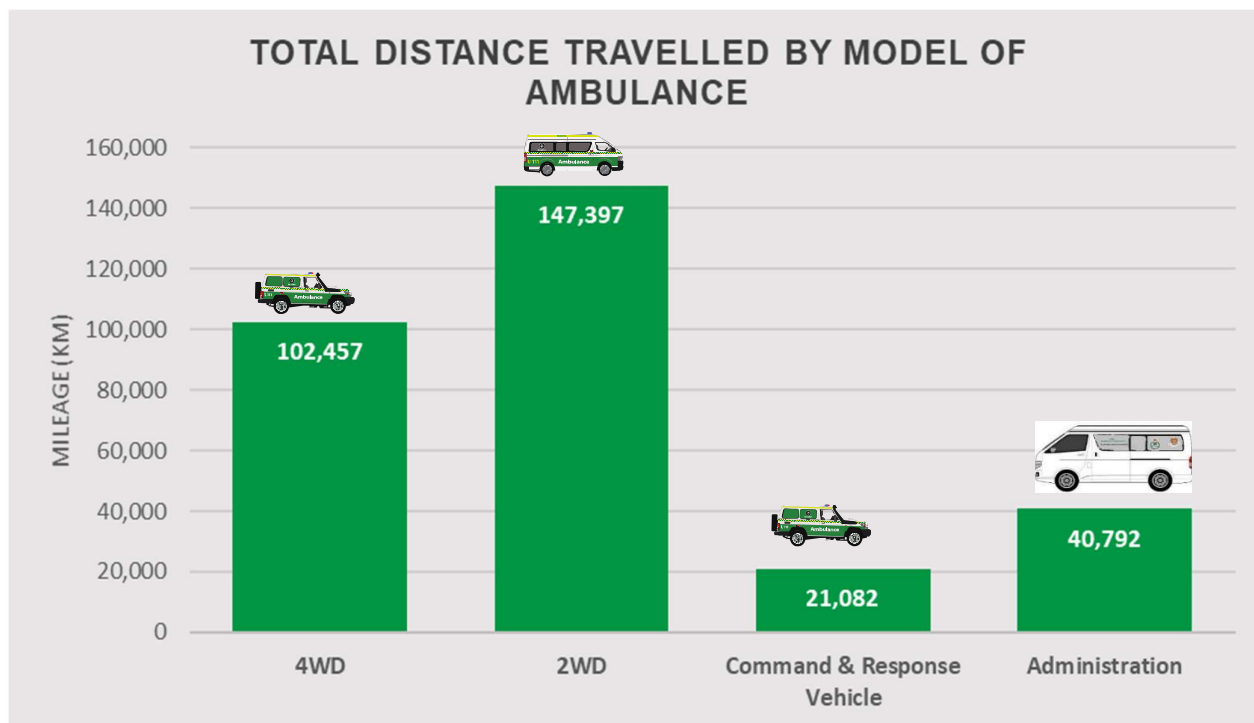
The busiest day is **Wednesday** and the quietest day is **Sunday**.





Distance Travelled

A total distance of **311,727** kilometres was travelled this quarter. That is 38,168 km more compared to last quarter. The year-to-date total kilometres travelled is **1,013,110** kilometres.



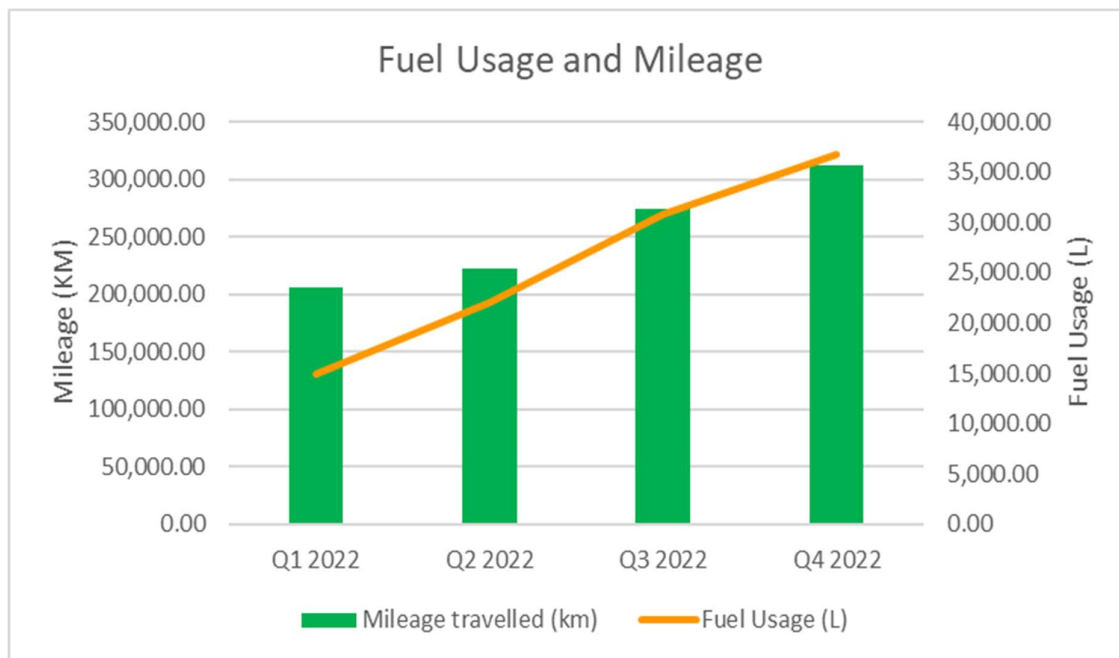
Nationally

Vehicle Class	Q3 2022	Q4 2022	YTD Average
4WD Ambulance	107,378	102,457	84,660
2WD Ambulance	118,962	147,397	112,889
Specialist Ambulance	31	0	33
Command & response vehicle	27,756	21,082	23,583
Administration	19,433	40,793	32,116
Total KMs	273,559	311,727	253,279



Fuel usage and Distance travelled

The table below displays the distance travelled compared to fuel usage in 2022.



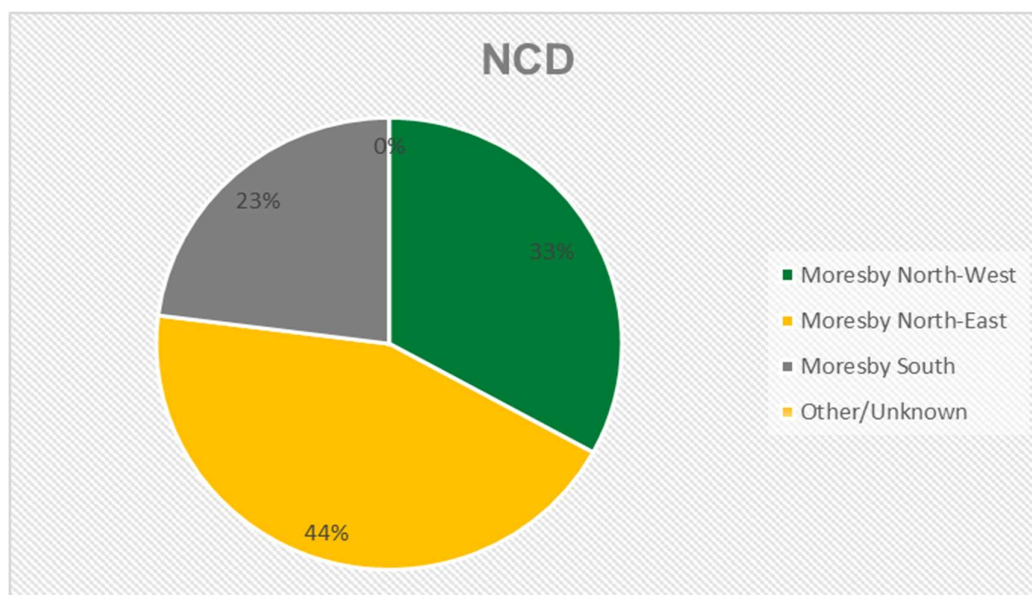
	Fuel Usage (L)	Distance (km)
Q1 2022	14,898	205,868
Q2 2022	22,041	221,963
Q3 2022	30,775	273,559
Q4 2022	36,742	311,727



National Capital District

Incidents by Electorate

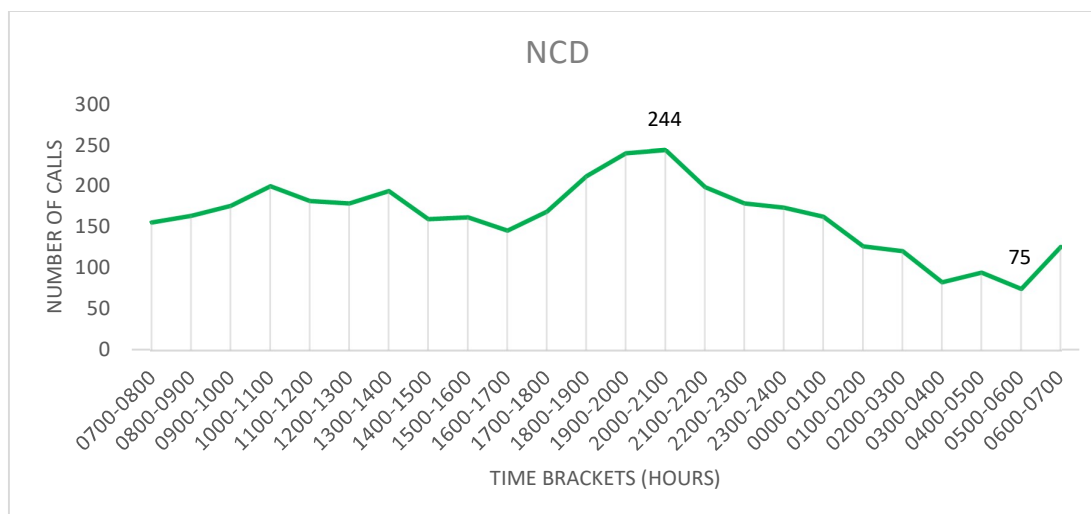
ELECTORATE	Q3 2022	%	Q4 2022	%	Variance	Total YTD
Moresby North-West	1,097	33	1,274	33	177+	2,371
Moresby North-East	1,284	40	1,695	44	411+	2,979
Moresby South	737	22	859	23	122+	1,596
Other/Unknown	176	5	0	0	176-	176
Total	3,294	100	3,828	100	534+	7,122






Peak call periods

We keep track of the times at which calls for help are received. For NCD, the majority of the calls come in between **10:00 -11:00** hours while the least number of calls come between **05:00 – 06:00** hours during the quarter.



Distance Travelled

Vehicle Class	Q3 2022	Q4 2022	YTD Average
4WD Ambulance	44,937	60,010	36,713
2WD Ambulance	92,484	80,724	73,350
Specialist Ambulance 	32	0	25
Rapid response and command vehicle	27,756	21,082	20,782
Administration	19,433	44,272	36,421
Total KMs	184,640	206,087	33,458

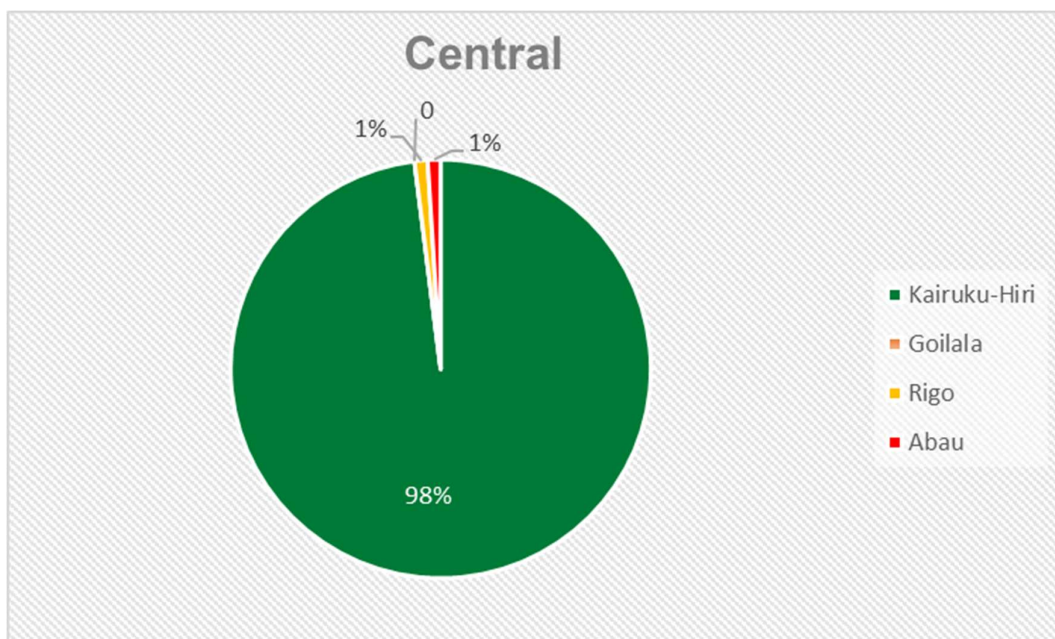


Central Province



Incidents by Electorate

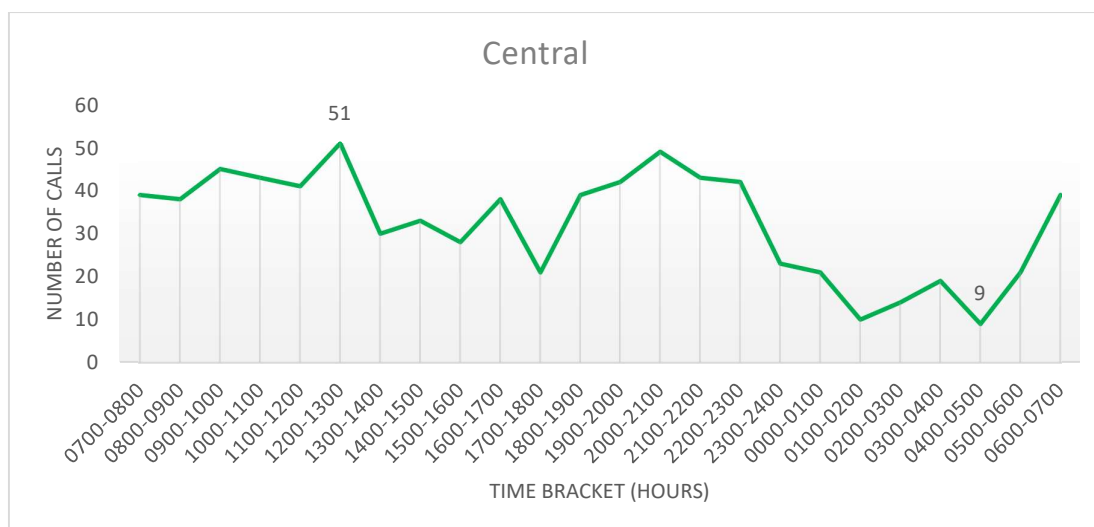
ELECTORATE	Q3 2022	%	Q4 2022	%	Variance	Total YTD
Kairuku-Hiri	652	98	860	98	208+	1,512
Goilala	0	0	0	0	0	0
Rigo	7	1	10	1	3+	17
Abau	3	1	6	1	3+	9
Total	662	100	876	100	214+	1,538





Peak call periods

We keep track of the times at which calls for help are received. For Central Province, the majority of the calls are received between **12:00 – 13:00** hours and the least number of calls are received between **04:00 – 05:00** hours during the quarter.



Distance Travelled

Vehicle Class	Q3 2022	Q4 2022	YTD Average
Land Cruiser Ambulance	19,338	12,703	9,942
Total KMs	19,338	12,703	9,942

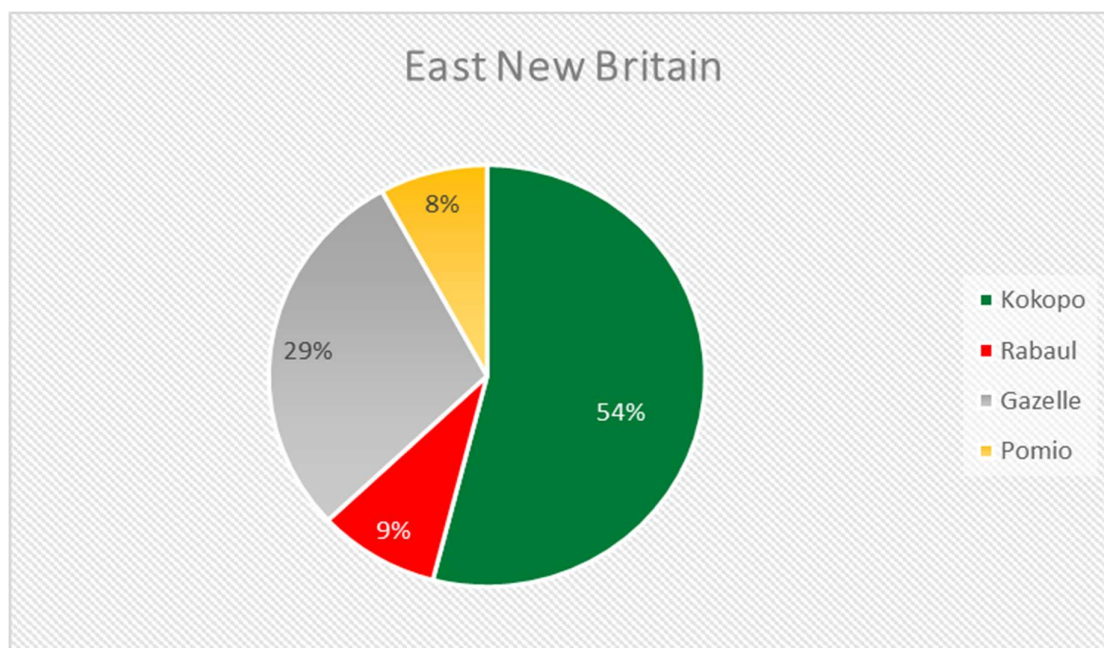


East New Britain



Incidents by Electorate

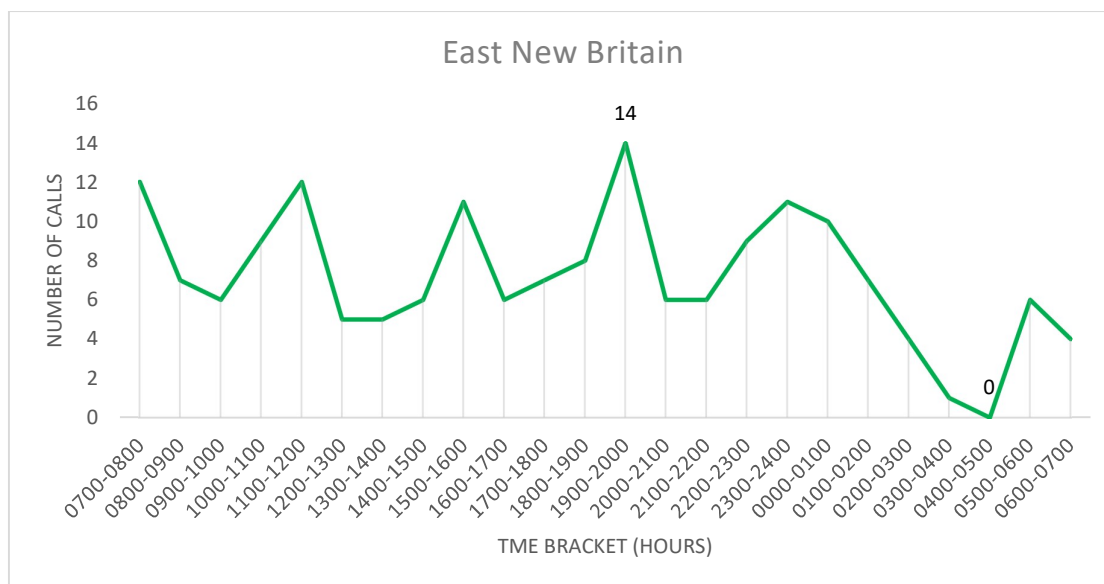
ELECTORATE	Q3 2022	%	Q4 2022	%	Variance	Total YTD
Kokopo	181	49	94	54	87-	275
Rabaul	57	21	17	9	48-	74
Gazelle	111	29	51	29	60-	162
Pomio	14	1	10	8	4-	24
Total	363	100	172	100	191-	535





Peak call periods

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



Distance Travelled

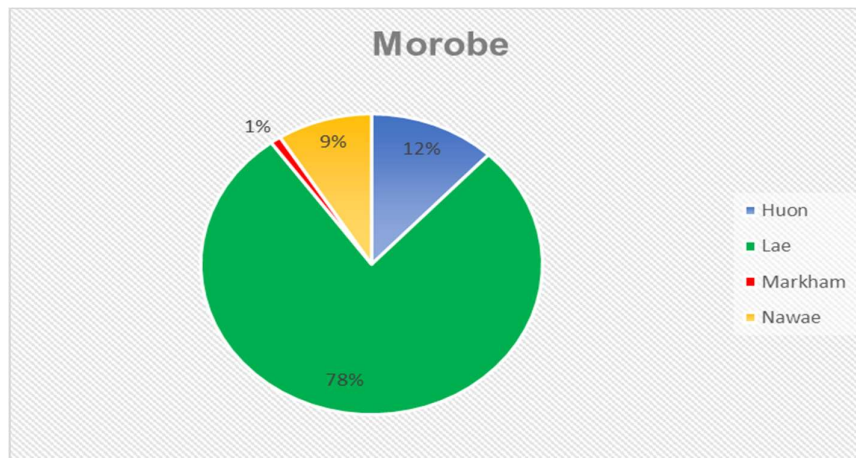
Vehicle Class	Q3 2022	Q4 2022	YTD Average
Land Cruiser Ambulance	5,671	2,569	5,204
Other Ambulance	7,019	444	6,204
Command vehicle	0	6,218	3,507
Total KMs	12,690	9,230	2,983

Lae City & Morobe Province



Incidents by Electorate

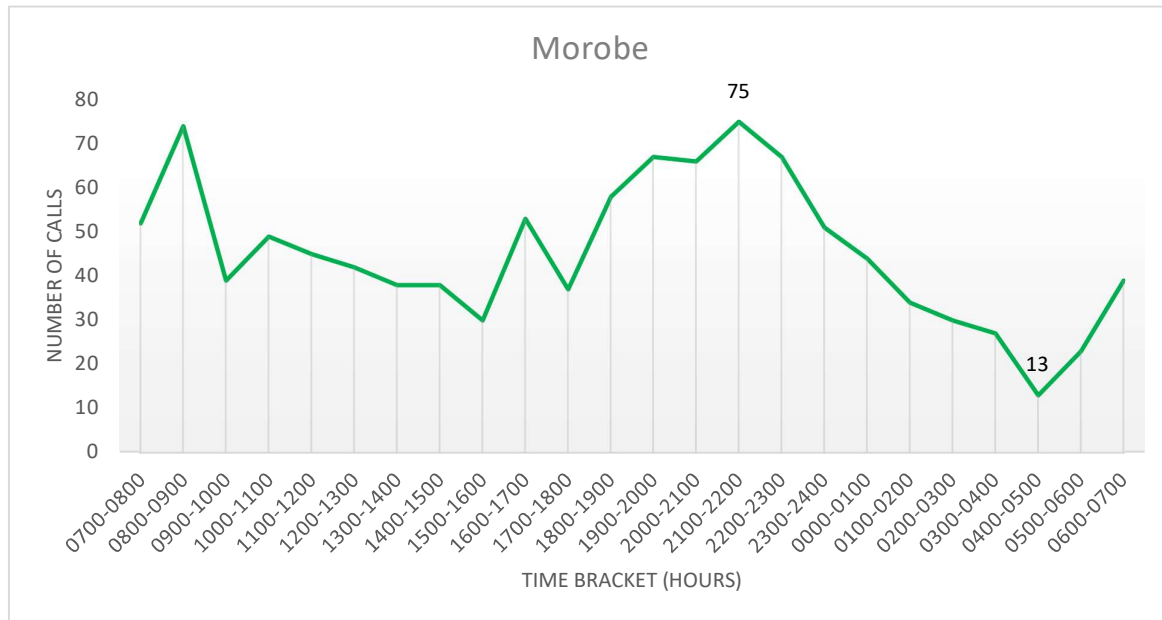
ELECTORATE	Q3 2022	%	Q4 2022	%	Variance	Total YTD
Huon	70	16	135	12	65+	205
Lae	834	59	848	78	14+	1,682
Markham	19	2	14	1	5-	33
Nawae	23	23	95	9	72+	118
Total	946	100	1,092	100	146+	2,038





Peak call periods

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



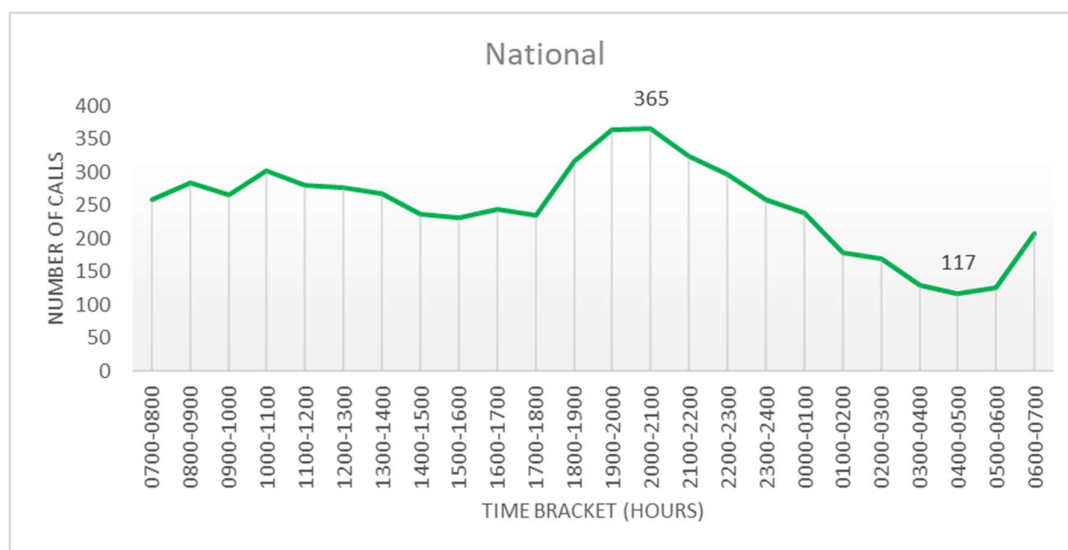
Distance Travelled

Vehicle class	Q3 2022	Q4 2022	YTD average
Landcruiser ambulance	2,677	3,500	9,130
Other Ambulance	6,371	18,147	10,870
Command vehicle	3,192	61	3,587
Total KMs	12,329	21,707	4,718

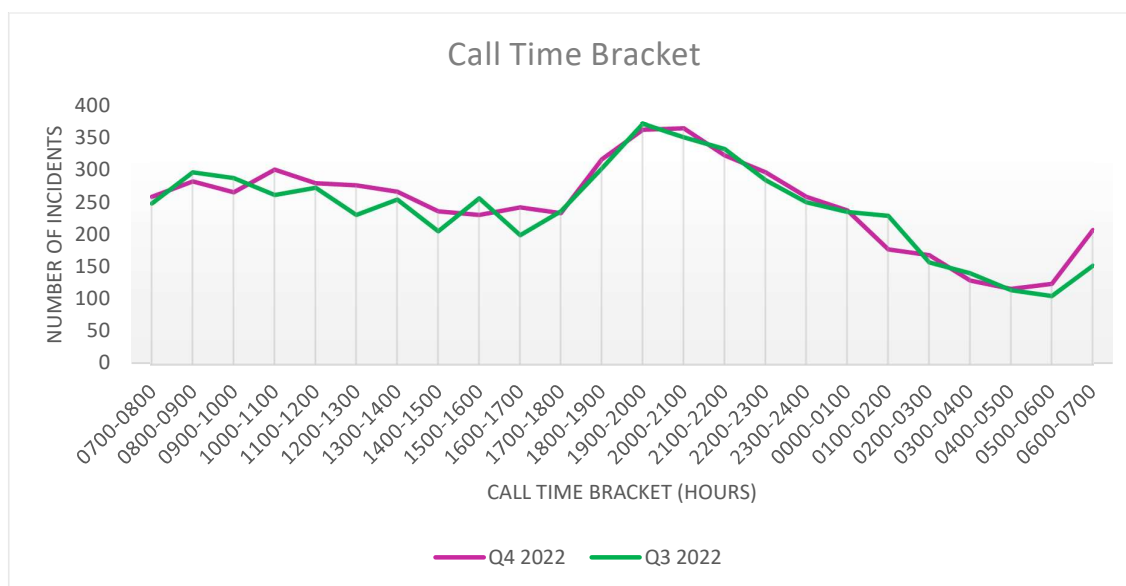


Peak call periods (National)

We keep track of the times at which calls for help are received. For quarter 4, the busiest time when calls for help are received is between **20:00 - 21:00 PM** with a total of 365 calls while the least number of calls received is between **04:00 – 05:00 AM** with a total of 117 calls.



During the reporting period, the busiest time for St John Ambulance was between 10:00-11:00 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)







Air Ambulance

Missions

Helicopter	Q4 2021	Q4 2022	YTD average (hours)
Southern	0	0	2
Momase	0	0	0
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
Total	0	0	2

Fixed-wing	Q4 2021	Q4 2022	YTD average (hours)
Southern	7	2	1
Momase	3	4	3
NGI	4	1	4
Highlands	3	2	2
Australia	1	3	2
International (other)	0	0	0
Total	18	12	12

Flight Hours

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

Helicopter	Q4 2021	Q4 2022	YTD average (hours)
Southern	0	0	4
Momase	0	0	0
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
Total hours	0	0	4

Fixed-wing	Q4 2021	Q4 2022	YTD average (hours)
Southern	21	3	2
Momase	7	10	7
NGI	14	2	15
Highlands	7	4	5
Australia	6	12	9
International	0	0	0
Total hours	55	31	38



Ambulance Service Fees

Services provided by St John Ambulance are free for all Papua New Guinean citizens requiring emergency pre-hospital care and transport to the public hospitals. Fees are only applied to non-citizens, persons requesting transport to a private hospital, or persons seeking medically non-urgent transport to or from a public health facility.

St John Ambulance has “a No Cash Policy” so all the payments are paid through EFTPOS.

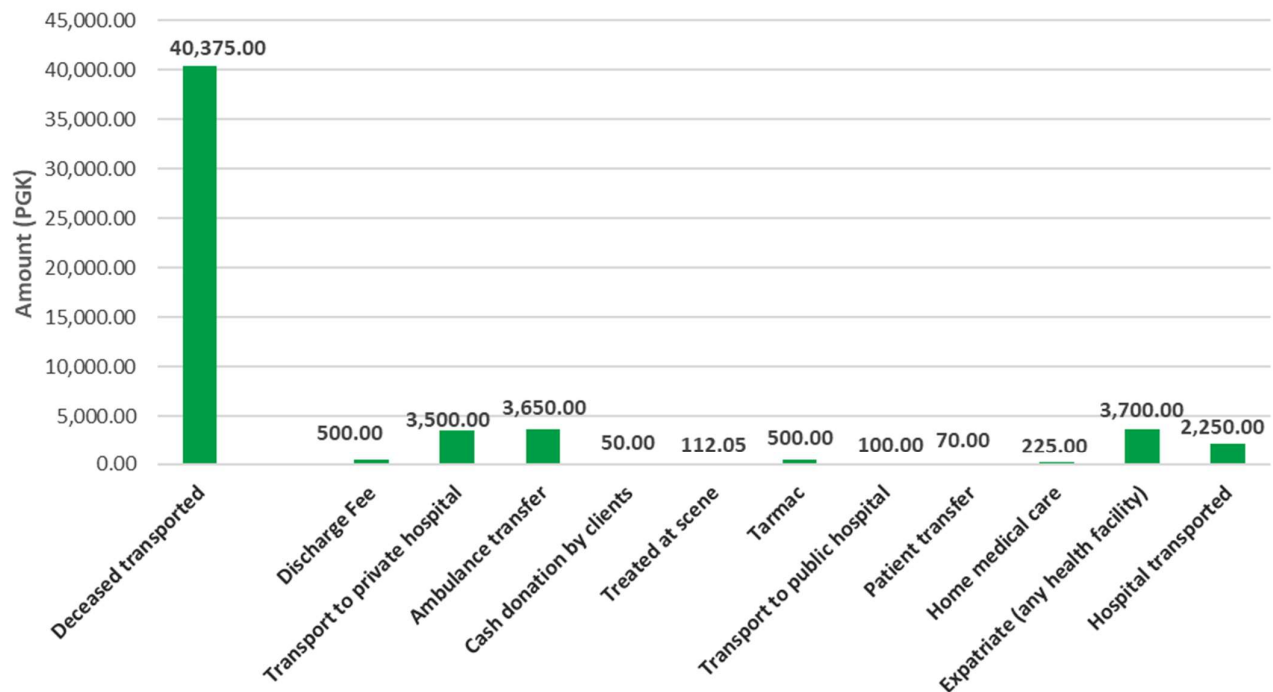
The total ambulance service fee collected for Q4 2022 is K55,532.00. This amount is collected for the services tabulated below.

Ambulance Service Type	Payment method	Number of cases	Amount (PGK)
Free ambulance service	-	5,866	0.00
Deceased transported	EFTPOS	54	40,375.00
Discharge Fee	EFTPOS	2	500.00
Transport to a private hospital	EFTPOS	14	3,500.00
Ambulance Transfer	EFTPOS	15	3,650.00
Cash donations by clients	Cash	-	50.00
Treated at scene	EFTPOS	1	112.05
Tarmac	EFTPOS	2	500.00
Transport to a public hospital	EFTPOS	1	100.00
Patient transfer	EFTPOS	1	70.00
Home medical care	EFTPOS	1	225.00
Expatriate (any health facility)	EFTPOS	2	3,700.00
Hospital transported	EFTPOS	9	2,250.00
Total		5,968	55,032.05



Ambulance Service Papua New Guinea

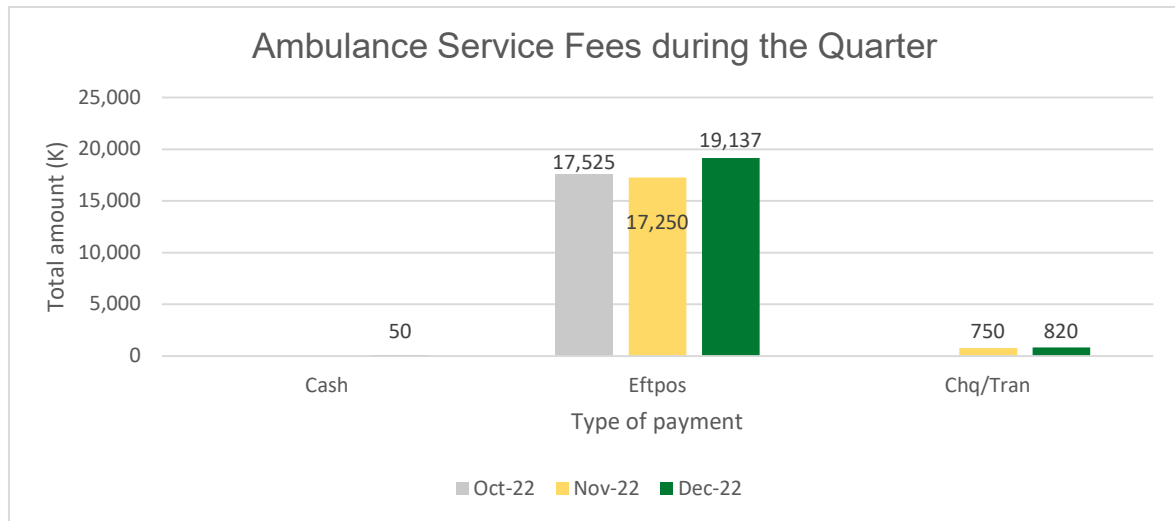
Ambulance Service Fees



Form of payment	Q3 2022	Q4 2022	2022 YTD Total
Cash	0.00	50.00	19,730.00
EFTPOS	54,285.00	53,912.00	148,902.00
Cheque/Internet	0.00	1,570.00	3,240.00
Total (PGK)	54,285.00	55,532.00	171,872.00



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 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 St John in Port Moresby and Lae.	CAD Dispatch logs	2 minutes 42 seconds
DISPATCH TIME (Regional)	An ambulance is dispatched to life-threatening medical emergencies within 7 minutes on average of the call being received by St John in rural areas	CAD Dispatch logs	8 minutes 18 seconds
RESPONSE TIME (NCD)	An ambulance arrives on scene within 12 minutes from time of call for 1A cases, $\geq 90\%$ of the time	CAD Dispatch logs	13 minutes 21 seconds
RESPONSE TIME (Regional)	An ambulance arrives on scene within 20 minutes from time of call for 1A and 1B cases, $\geq 90\%$ of the time	CAD Dispatch logs	28 minutes 15 seconds
PATIENT SATISFACTION	$\geq 90\%$ of patients report being satisfied or very satisfied with St John's service	Weekly Patient Experience Survey	95% satisfaction.
CALLER SATISFACTION	$\geq 90\%$ of the callers report that the 111 call-taker was helpful	Weekly Patient experience Survey	85.5% caller satisfaction



Ambulance Service
Papua New Guinea

Ambulance Service

Name	Target	Q3 2022	Q4 2022
Minimum ambulance crewing	The number of ambulances on duty meets that required in Annexe A 90% of the time.	80%	91.2% Measured through End of Shift Report.
Response time (National Median) 1A	An ambulance arrives on the scene within 11 minutes from the time of the call for 1A incidents.	10 minutes	13m 21s
Response time (National Median) 1B, 1C	An ambulance arrives on scene within 20 minutes from time of call for 1B & 1C incidents in NCD	1B: 16 minutes 1C: 20 minutes	1B: 18m 45s 1C: 30m 12s
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. Didn't meet the target due to A130 constant maintenance.
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 contact with a patient	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 centre and ambulance dispatching systems. It facilitates communication with and coordination of the ambulance service across NCD, Central, Morobe, Kundiawa, and East New Britain provinces and the tracking of the Air Ambulance missions.

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



Ambulance Service
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Name	Target	Q3 2022	Q4 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.	108 seconds	3 mins 2 seconds
Skill Maintenance	Skills Maintenance and reaccreditation program implemented for all NACC roles	100% achieved. All NAOC staff have attended reaccreditation training.	92% achieved -3 weeks of coaching and mentoring sessions for 11/12 full-time call takers by Paramedic Trainers of St John Australia in November of 2022. -4/4 Duty Operation Commanders and 10/10 phone operators benefited from relevant cross-functional skills offered by the training. - Nil reaccreditation training was conducted.
Use of call-taking script	The call-taker completes the call-taker script for 100% of genuine calls	99% achieved. From randomly selecting incidents from July to September, call takers completed 99% of the script for every case audited.	99% achieved. Random selection of 6 cases each week reviewed for the use of the script.
Feedback to call-takers	2 calls are randomly selected each week with feedback given to the call-taker by registered paramedics	50% achieved. Five calls are chosen at random each month for assessment, and feedback is supplied to the responsible call taker by the NAOC manager by indicating where the error is.	95% achieved. Feedback given to call takers by the NAOC manager.



General 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.

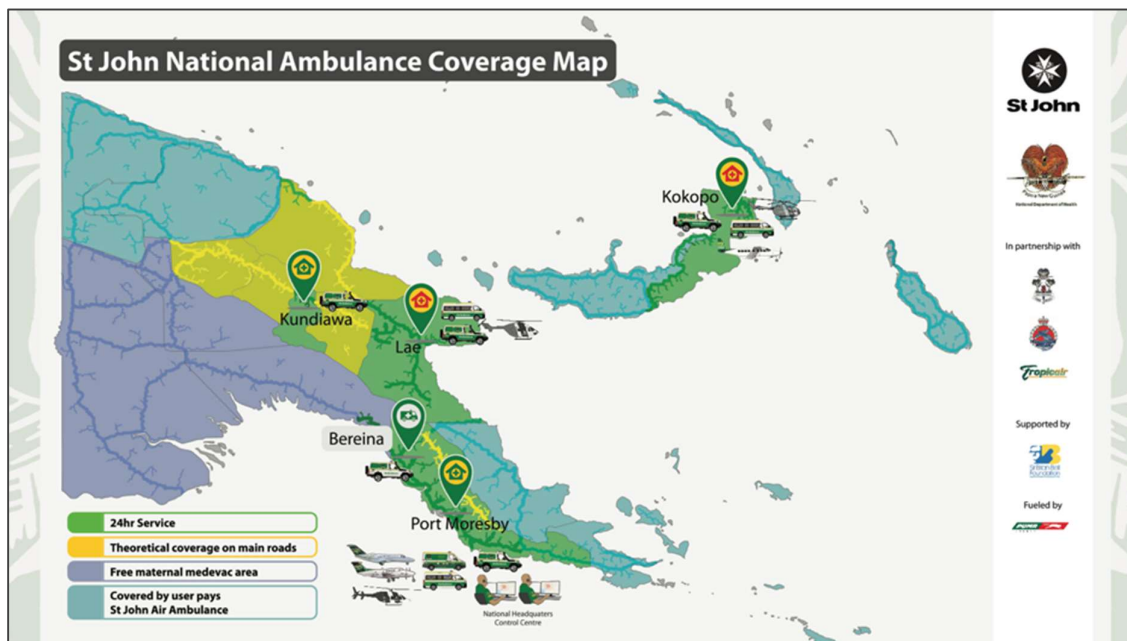
St John Station Locations

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 the following towns:

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



Ambulance Service Papua New Guinea



About the ambulance service

The St John ambulance plays a pivotal role in terms of providing immediate health care in an emergency to the community. Well-coordinated pre-hospital care is crucial for an effective emergency care system to operate.

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



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 centre (NACC) based in Port Moresby. The control centre will then dispatch suitable ambulance resources for the situation.



**Ambulance Service
Papua New Guinea**

How is prehospital care essential to good health care in PNG?

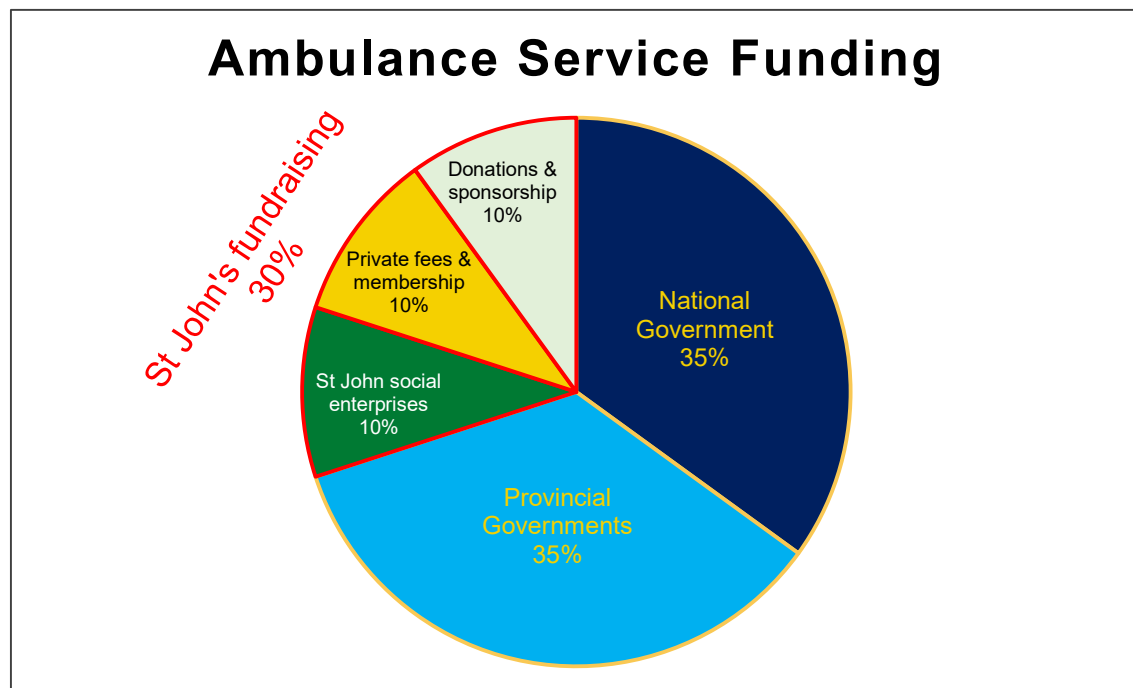
Ambulances and rapid response vehicles are the primary modes of delivering pre-hospital emergency medical services in PNG, however, St John also uses aircraft and boats to access patients in rural and remote areas. St John also has a special operations team and rescue squad that provides technical rescue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

The ambulance service has a key role in supporting quality health services, minimising the 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.





Ambulance Service Papua New Guinea

National Government: 35%

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

Provincial Authorities: 35%

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

St John's fundraising: 30%

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

What makes 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, the 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 the government in many other countries, including Australia, the United Kingdom, and 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 enable 24/7 coordination of multi-agency emergency response.

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





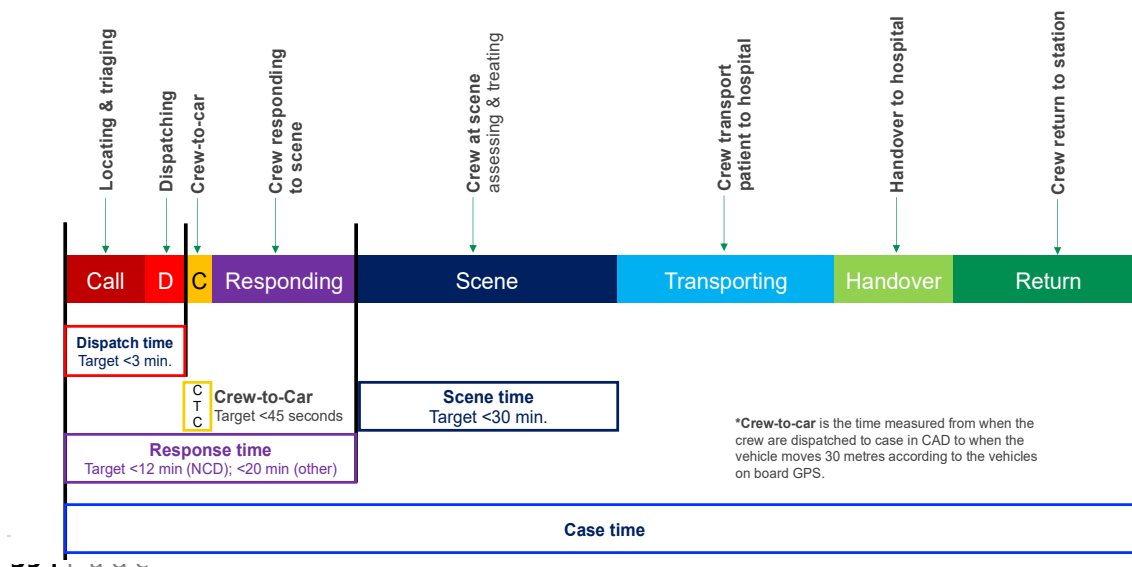
Definitions & Terminology

Terminology

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

Term	Definition	Comment
Incident	An event that results in a demand for ambulance resources to respond.	Incidents are logged in CAD as a case. Incidents are measured using CAD data.
Response	An ambulance response is a vehicle sent to an incident.	There may be multiple responses to one incident if several units are dispatched to a single incident
Patient	<i>A patient is someone assessed, treated, or transported by the ambulance service.</i>	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 <i>e.g., cardiac arrest, ineffective breathing</i>	Immediate Highest priority response. Closest ambulances to respond.	Yes	Minimum 3, preferably 4.	Within 10 minutes (Ideally less than 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

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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