

OFFICIAL



# Ambulance Service Papua New Guinea



# Activity Report Ambulance Service

**FOURTH QUARTER**  
**01 OCTOBER – 31 DECEMBER 2023**

PRELIMINARY REPORT 15 January 2024, Port Moresby



## Contents

Introduction .....	1
Summary of Q4 2023 .....	1
Incidents attended and distance covered .....	1
National Level Time-Based Operational Performance Measures .....	2
Resourcing .....	2
We Save Lives – St John Ambulance.....	4
Emergency Incident Growth .....	5
Incidents by Clinical Presentation (Medical Problem) .....	6
CEO's analysis .....	7
Incidents by Province and Clinical Presentation.....	8
Peak call periods.....	9
Average cases per day.....	9
Median response performance by priority .....	10
Dispatch Time.....	10
Response Time.....	11
Scene Time .....	13
Overall case time .....	14
Distance travelled and fuel consumption.....	14
Fuel consumption and distance travelled.....	15
National Capital District.....	16
Incidents by Electorate .....	16
Peak call periods .....	17
Distance Travelled .....	17
Central Province.....	18
Incidents by Electorate .....	18
Peak call periods .....	19
Distance Travelled .....	19
East New Britain.....	20
Incidents by Electorate .....	20
Peak call periods .....	21
Lae City & Morobe Province.....	22
Peak call periods .....	23
Distance Travelled .....	23
Air Ambulance Services .....	25



Missions .....	25
Flight Hours .....	27
<b>Ambulance Operations Centre 111 .....</b>	<b>31</b>
<b>Ambulance Service Key Performance Measures .....</b>	<b>31</b>
<b>Ambulance Service Staffing .....</b>	<b>32</b>
<b>National Ambulance Coordination Centre (111) .....</b>	<b>32</b>
Ambulance Education .....	34
Workplace First Aid Training .....	<b>Error! Bookmark not defined.</b>
Affiliated Training Partners .....	<b>Error! Bookmark not defined.</b>
Background and history .....	36
SJA Station Locations .....	36
About the ambulance service .....	37
Prehospital care essential to good health care in PNG .....	38
St John: A Statutory Civil Protection Charity .....	38
How is the ambulance service funded? .....	38
What makes SJA unique in how it delivers value and service to Papua New Guineans? .....	39
SJA's place in the health care system .....	40
An Emergency Service and a Health Service .....	40
Terminology .....	41
Key Incident Time Intervals .....	41
Response priorities.....	42



## Introduction

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

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

**Reporting period:** This document reports the activity of the ambulance service for the period of Quarter 4 (01 October 2023 until 31 December 2023). Activities are described by their clinical, demographical, and geographical characteristics in all provinces that St John Ambulance operates.

## Summary of Q4 2023

### Incidents attended and distance covered

Incidents	Same period last year	Last quarter	This quarter	% increase/decrease
Emergencies		7,052	8,421	19%
Patients assisted (eMR)*	-	5,191	6,351	22%
Distance covered (km)		295,933	323,798	9%
Patient satisfaction score	-	100%	96.5%	-4%
Caller satisfaction	-	81%	91%	12%



## National Level Time-Based Operational Performance Measures

Category:	Priority 1A		Priority 1B & 1C		All other priorities P2, P3, P4, P5, P6	
Urgency:	Critical		Urgent		Non-urgent	
Timing:	Target	Q4	Target	Q4	Target	Q4
Dispatch time (median)	3 minutes	3 mins 23 secs	3 minutes	14 mins 32 secs	Case dependent	32 mins 12 secs
Response time (median)	12 minutes	15 mins 26 secs	15 minutes	43 mins 16 secs	Case dependent	67 mins 59 secs
Scene time (median)	30 minutes	18 mins 57 secs	30 minutes	19 mins 46 secs	Case dependent	18 mins 3 secs
Overall Case time (median)	1 hr 15 min	1 hr 6 mins	2 hours	1 hr 34 mins	Case dependent	2 hr 4 mins

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

## Resourcing

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

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

On-call resources	NCD	Morobe	ENB	Central	Total
Reservist	-	-	-	7	7
Advanced Life Support	1	1	-	-	2
Paramedic	3	-	-	-	3
Doctor	1	-	-	-	1
Command	3	-	-	-	3
<b>Total</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>16</b>



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

Province	NCD	Central	Morobe	Kokopo	Total
<b>Clinical staff</b>					
RAO	8	-	2	5	15
RAD	-	10	12	-	22
AO2	4	-	1	-	5
TAO	0	-	0	-	0
QAO	37	-	7	3	47
EMT	1	-	-	-	1
Ambulance Nurse	1	-	-	-	1
Ambulance HEO	1	-	-	-	-
Paramedic (incl management)	9	-	-	-	10
RAMO (medical officer)	2	-	-	-	2
RAN (nursing officer)	3	-	-	-	4
RAHEO	1	-	-	-	1
RN - clinical projects	8	2	-	-	10
HEO - clinical projects	2	2	1	-	5
<b>Support Services Staff</b>					
Fleet & Maintenance	6	-	-	-	6
Service Planning	4	-	-	-	4
All Other	27	-	-	-	27
<b>HQ staff</b>					
Finance	7	-	-	-	7
People Workforce & Culture	5	-	-	-	5
Office of CEO	9	-	-	-	9
Enterprise & Education	12	-	-	-	12
Clinical	18	-	-	-	18
<b>Total</b>	<b>164</b>	<b>14</b>	<b>25</b>	<b>8</b>	<b>211</b>
<b>Ambulance staff with leadership qualifications</b>	<b>LEAP:</b>	<b>15</b>	<b>L&amp;M:</b>	<b>12</b>	

Education courses that have taken place including for AME:

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



## We Save Lives – St John Ambulance



### Exciting News in Warangoi, East New Britain

“Last night was a really important night for me at work as a Reservist Ambulance Officer. My colleague, Savenat Ereman (a qualified ambulance officer), and I had to deal with a serious situation using our new ambulance A333. We rushed through the Vimmy Coconut Plantation to Katakatai Village because we got a call about a mother in labour.

When we arrived, we found a woman in the early stages of labour. We quickly got her on the ambulance stretcher, but it was a tough situation. The baby had a nuchal cord (the umbilical cord was wrapped around its neck), and things didn't look good. The baby wasn't breathing, its extremities were turning purplish, and it was in real danger. I had to act fast.

Without wasting any time, I started the CPR procedure for the baby to get enough blood and oxygen to all parts of its body. My partner, Officer Savenat, helped me a lot as we worked quickly to handle the emergency. After a tense 15 minutes of CPR and administering oxygen, we finally heard the first long gasp of air, followed by a vigorous cry.

It was a tough job because we had to save both the mom and the baby at the same time. I had to be quick and careful. The new ambulance, A333, donated by the Digicel Foundation, had its first birth and successful resuscitation. This case made me realize how important our job is. It's a heavy responsibility, but it felt good to face the challenge.

As we hurried to Vunapope, the baby started crying – a sound that meant we did it. Both the mom and the baby were going to be okay. Looking back, I learned a lot from this experience. Being committed to my job, acting fast, and handling things carefully are key to making a difference in emergencies.” (Story By Peter Apurap)



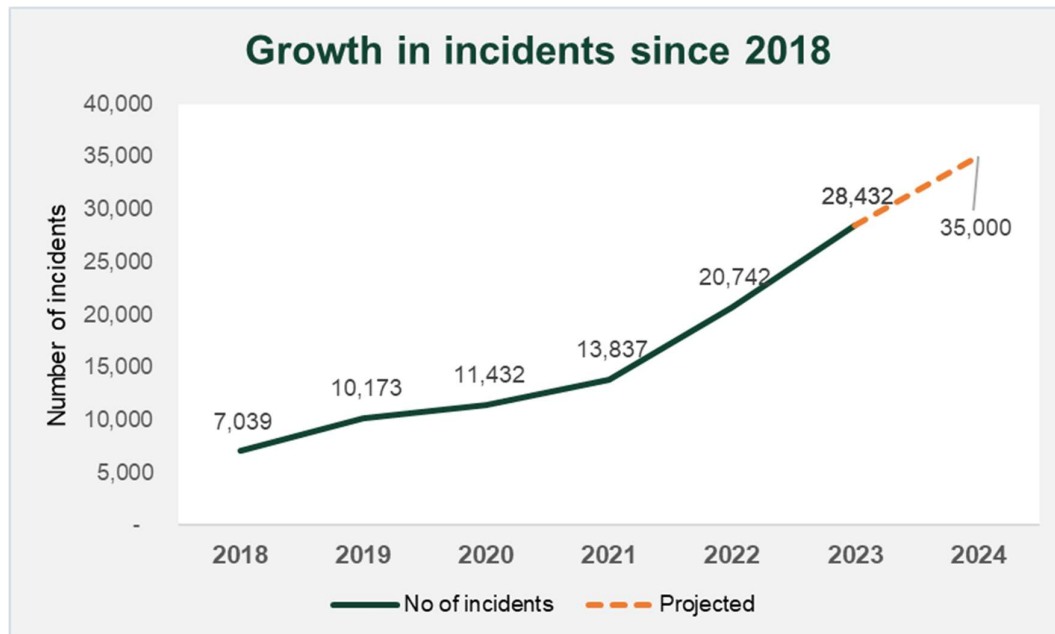


# NATIONAL PERFORMANCE

## Emergency Incident Growth

The graph above indicates the total incidents responded to since 2018. In Quarter 2 of 2020, SJA Ambulance started opening new ambulance stations in regional centres, beginning with a station opening in East New Britain. This expansion is reflected in the increase in incidents and is expected to continue into 2024.

Actual activity in 2023 exceeded expectations. The 28,432 incidents St John responded to was 14% higher than the 25,000 incidents projected for the year.



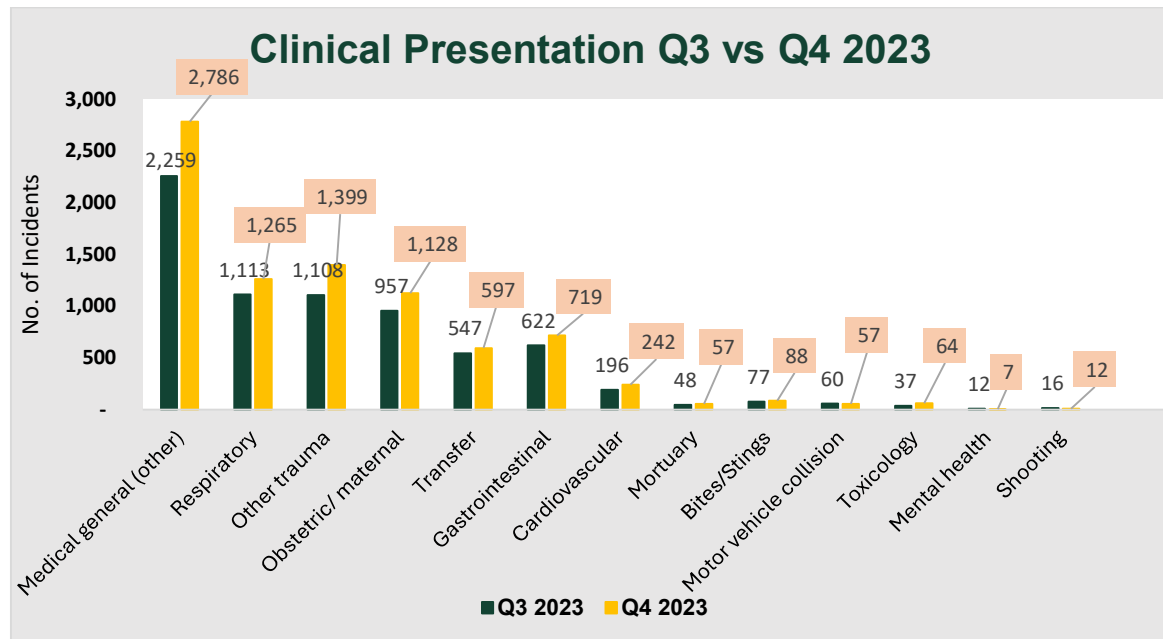




## Incidents by Clinical Presentation (Medical Problem)

During the reporting period, SJA attended to **8,421** incidents. This is an increase of 1,369 incidents (19%) compared to Q3 2023.

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





Clinical Presentation	Q3 2023	Q4 2023	Change Q4 vs Q3 (number)	Change Q4 vs Q3 (%)	2023 YTD
Bites/Stings	77	88	11	14%	305
Cardiovascular	196	242	46	23%	752
Gastrointestinal	622	719	97	16%	2,489
Infectious disease	-	-	-	0%	1
Medical general (other)	2,259	2,786	527	23%	8,921
Mental health	12	7	-5	-42%	43
Mortuary	48	57	9	-19%	236
Motor vehicle collision	60	57	-3	-5%	231
Obstetric/ maternal	957	1,128	171	18%	3,893
Other trauma	1,108	1,399	291	26%	4,395
Respiratory	1,113	1,265	152	14%	4,494
Shooting	16	12	-4	-25%	61
Toxicology	37	64	27	73%	185
Transfer	547	597	50	9%	2,426
<b>Total</b>	<b>7,052</b>	<b>8,421</b>	<b>1,369</b>	<b>19%</b>	<b>28,432</b>

## CEO's analysis

When comparing Q3 2023 to Q4 2023, SJA has seen a 19% increase in emergency incidents.

The largest group of clinical presentations for this period are classified as general medical issues, making up 33% of all incidents. These are cases such as sick person, diabetic, headache, seizure, stroke, unconscious and back pain. Since the third quarter of 2023, there has been a 23% increase in both cardiovascular and general medical presentations.

Trauma cases, including incidents involving shootings, motor vehicle collisions, toxicology, and other trauma, have witnessed an 18% growth. Trauma constitutes 19% of the total incident workload.

Obstetric cases account for 13% of all incidents, while respiratory cases make up 15% for this quarter.

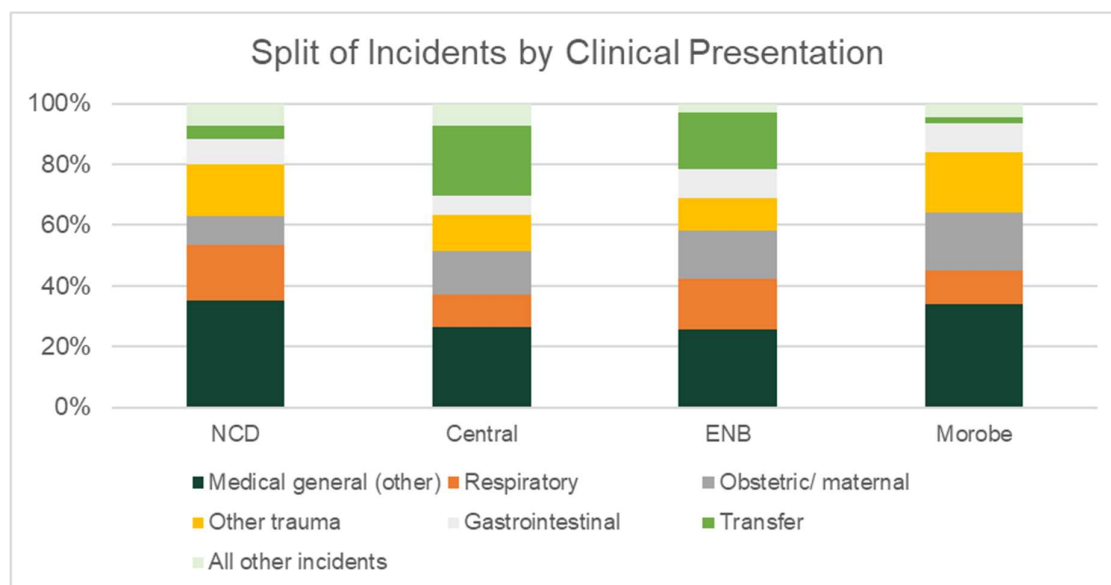


## Incidents by Province and Clinical Presentation

The table below indicates incidents by province and clinical presentation:

Clinical Presentation	NCD	Central	ENB	Morobe	Simbu	Q4 Total
Bites/Stings	31	47		10		88
Cardiovascular	148	26	12	56		242
Gastrointestinal	383	76	43	217		719
Medical gen'l (other)	1,568	321	117	773	7	2,786
Mental health	6			1		7
Mortuary	54	1		2		57
Motor vehicle collision	44	8	1	4		57
Obstetric/ maternal	440	171	73	443	1	1,128
Other trauma	746	145	49	454	5	1,399
Respiratory	804	130	77	254		1,265
Shooting	7	1		4		12
Toxicology	34	5	1	24		64
Transfer	190	278	85	44		597
<b>Total</b>	<b>4,455</b>	<b>1,209</b>	<b>458</b>	<b>2,286</b>	<b>13</b>	<b>8,421</b>

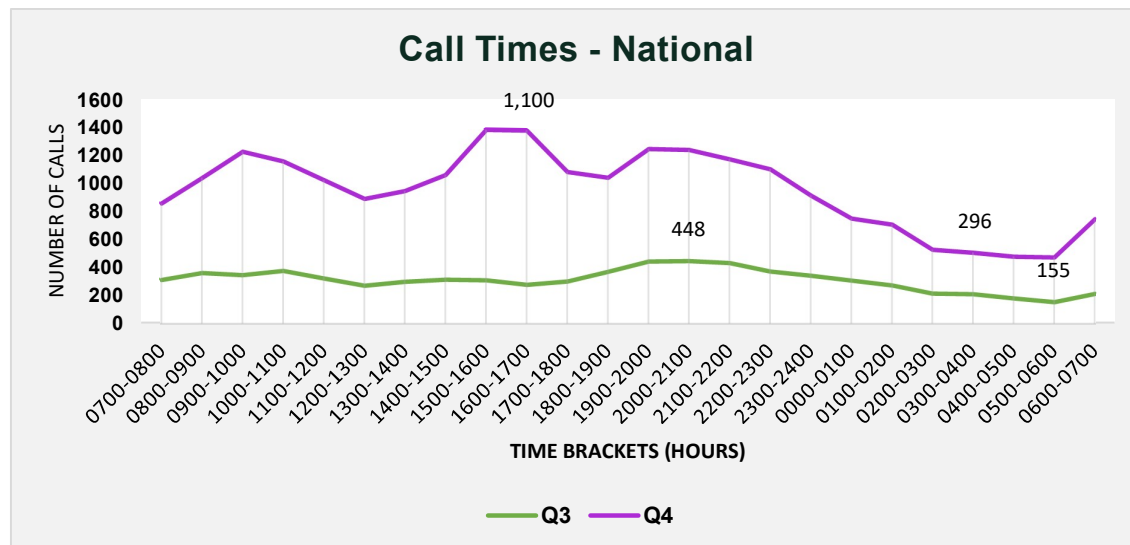
The split of clinical presentations varies by province. For example, obstetric/maternal cases are 19% of the workload in Morobe (vs average 13% in other provinces). Transfers ranged between 4% of incidents (Morobe) and 23% of incidents (Central).





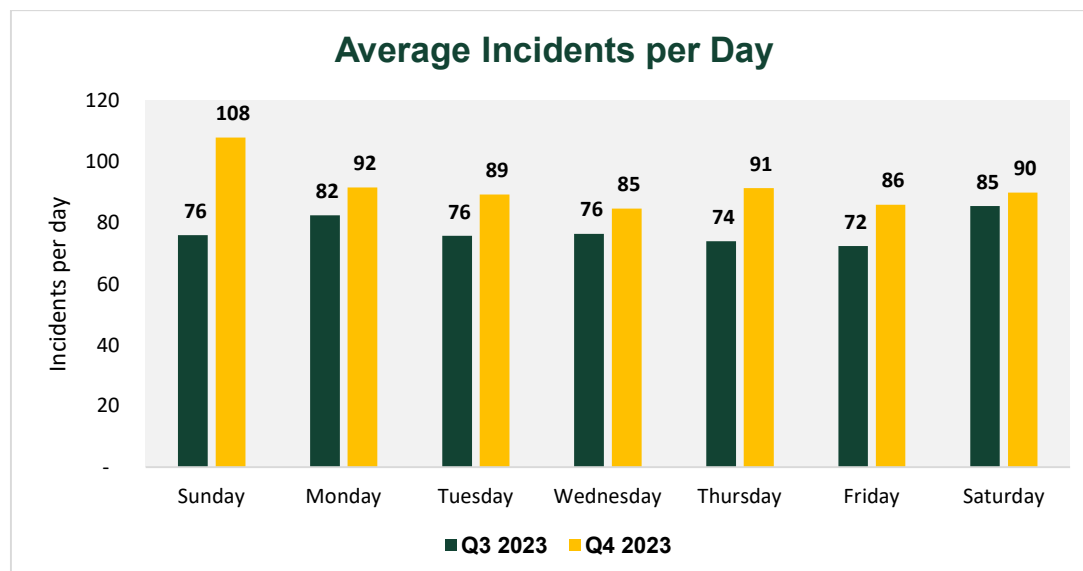
## Peak call periods

We keep track of the times at which calls for help are received. For quarter 4, the busiest time when calls for help are received is between **16:00 - 17:00 PM** with a total of 1,100 calls, while the least number of calls received is between **02:00 – 03:00 AM** with a total of 296 calls.



## Average cases per day

The graph below indicates the average number of cases responded to per day in quarter 4 in comparison to Q3 2023. The busiest day this quarter is **Sunday** and the quietest day is **Wednesday** (although there is no much variation between week days). The high workload on a Sunday is different to Q3 2023, when Sunday was one of the quieter days.





## Median response performance by priority

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

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



Incidents are responded to in order of priority and availability of ambulances. Category 1A is the highest priority. 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 SJA's control, such as how long it takes to handle the call (call handling time) and how long it takes an ambulance crew to go from the station to their ambulance. Other times cannot easily be controlled by SJA, such as the distance from the station to the patient's location, and the difficulty of the terrain.

### Dispatch Time

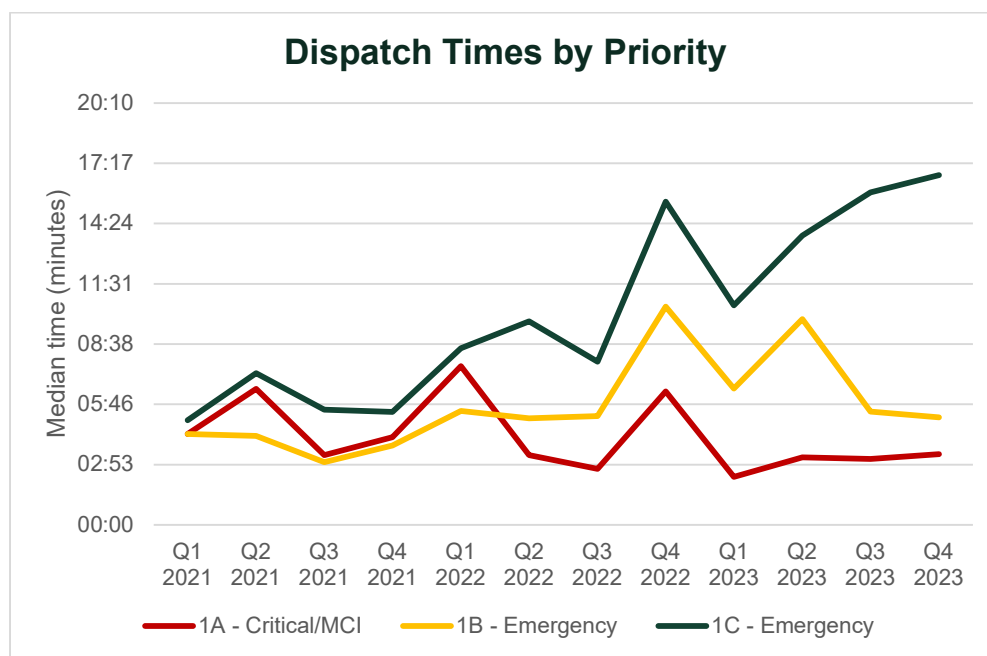
'**Dispatch time**' is defined as the time between when the call-taker first receives the call about a case and the dispatcher tasks an ambulance crew to attend the case by sending a message to the crew (usually by radio or pager). The median dispatch time in each province is show in the table below.

In Central, dispatch time for critical incidents was below target, and close to target in all other regions. For other provinces where dispatch timings were extended, this is because SJA ambulances were not available at time of call because they were attending to other incidents. The following table indicates clearly the way that St John triages calls and responds much faster to Priority 1A calls.



Category	Priority 1A		Priority 1B & 1C		All other priorities P2, P3, P4, P5, P6	
Urgency	Critical		Urgent		Non-urgent	
Timing	Target	Q4	Target	Q4	Target	Q4
NCD	3 minutes	2 mins 50 secs	3 minutes	11 mins 52 secs	Case dependent	28 mins 51 secs
Central	3 minutes	2 mins 48 secs	3 minutes	20 mins 49 secs	Case dependent	51 mins 27 secs
Morobe	3 minutes	4 minutes	3 minutes	19 mins 23 secs	Case dependent	30 mins 16 secs
East New Britain	3 minutes	4 mins 15 secs	3 minutes	17 mins 38 secs	Case dependent	23 mins 58 secs
National Median	3 minutes	3 mins 23 secs	3 minutes	14 mins 32 secs	Case dependent	32 mins 12 secs

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



## Response Time

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

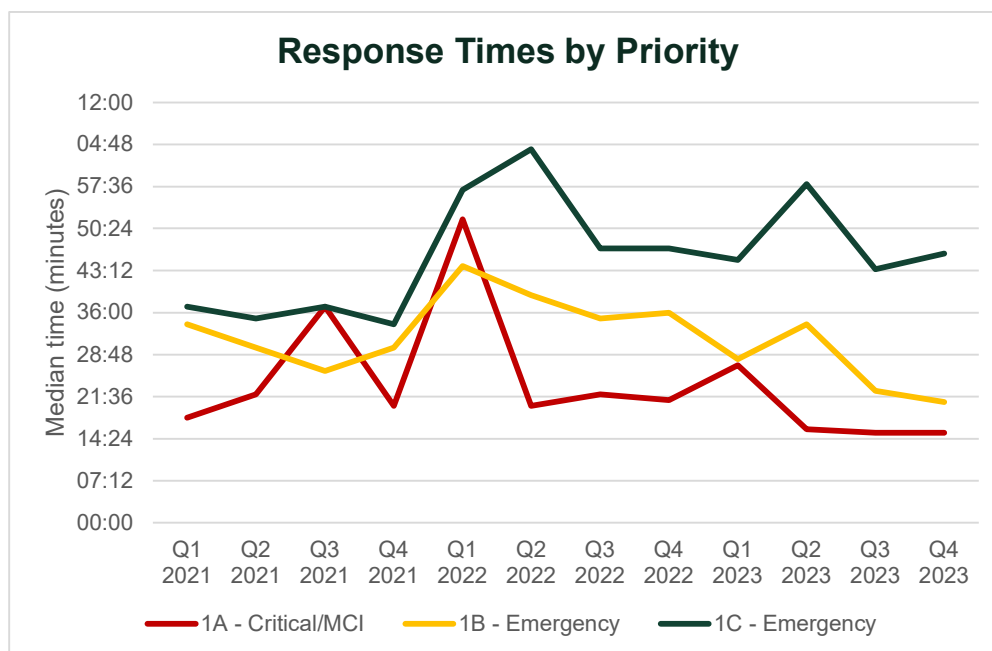
This **quarter's median response time** in minutes and seconds is shown in the following table by province.





Category	Priority 1A		Priority 1B & 1C		All other priorities P2, P3, P4, P5, P6	
Urgency	Critical		Urgent		Non-urgent	
Timing	Target	Q4	Target	Q4	Target	Q4
NCD	12 minutes	13 mins 15 secs	15 minutes	35 mins 41 secs	Case dependent	53 mins 21 secs
Central	12 minutes	24 mins 1 sec	15 minutes	84 mins 1 sec	Case dependent	135 mins 28 secs
Morobe	12 minutes	17 mins 11 secs	15 minutes	45 mins 5 secs	Case dependent	59 mins 46 secs
East New Britain	12 minutes	36 mins 1 sec	15 minutes	60 mins 47 secs	Case dependent	71 mins 17 secs
National Median	12 minutes	15 mins 26 secs	15 minutes	43 mins 16 secs	Case dependent	67 mins 59 secs

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





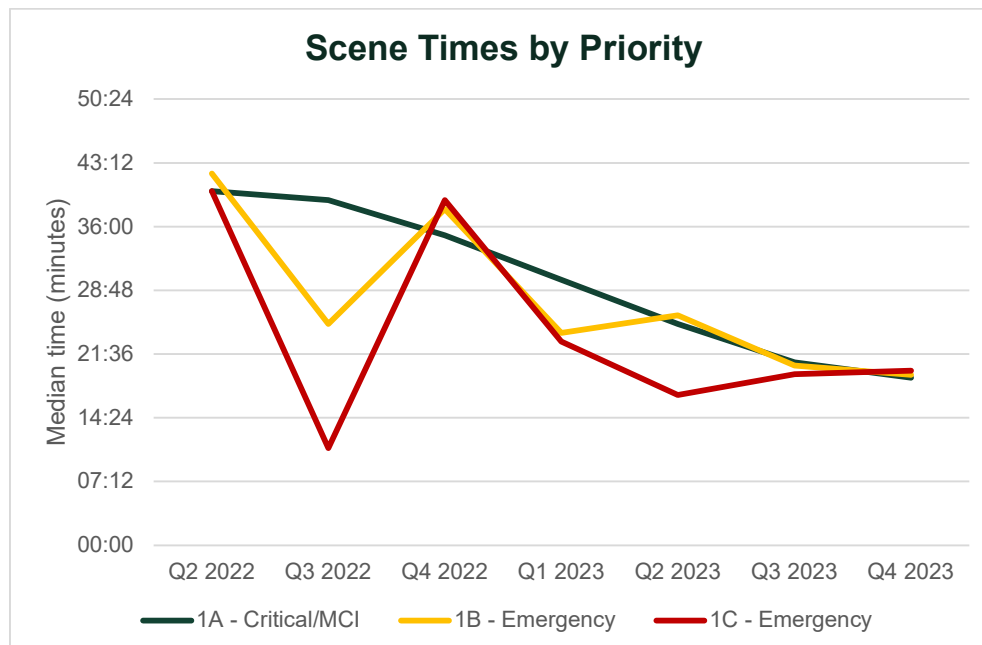


## Scene Time

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

Category	Priority 1A		Priority 1B & 1C		All other priorities P2, P3, P4, P5, P6	
Urgency:	Critical		Urgent		Non-urgent	
Timing:	Target	Q4	Target	Q4	Target	Q4
NCD	30 minutes	20 mins 11 secs	30 minutes	18 mins 53 secs	Case dependent	16 mins 10 secs
Central	30 minutes	33 mins 45 secs	30 minutes	21 mins 42 secs	Case dependent	16 mins 10 secs
Morobe	30 minutes	10 mins 36 secs	30 minutes	20 mins 14 secs	Case dependent	17 mins 40 secs
East New Britain	30 minutes	12 mins 54 secs	30 minutes	19 mins 20 secs	Case dependent	19 mins 23 secs
National Median	30 minutes	18 mins 57 secs	30 minutes	19 mins 46 secs	Case dependent	18 mins 3 secs

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





## Overall case time

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

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

Category	Priority 1A		Priority 1B & 1C		All other priorities P2, P3, P4, P5, P6	
Urgency:	Critical		Urgent		Non-urgent	
Timing:	Target	Q4	Target	Q4	Target	Q4
NCD	1 hour 15 min	1 hr 5 mins	2 hours	1 hr 25 mins	Case dependent	1 hr 45 mins
Central	1 hour 15 min	1 hr 49 mins	2 hours	2 hrs 45 mins	Case dependent	4 hrs 32 min
Morobe	1 hour 15 min	1 hr 2 mins	2 hours	1 hr 35 mins	Case dependent	1 hr 50 mins
East New Britain	1 hour 15 min	1 hr 39 mins	2 hours	2 hrs 1 min	Case dependent	2 hrs 31 mins
National Median	1 hour 15 min	1 hr 6 mins	2 hours	1 hr 34 mins	Case dependent	2 hrs 4 mins

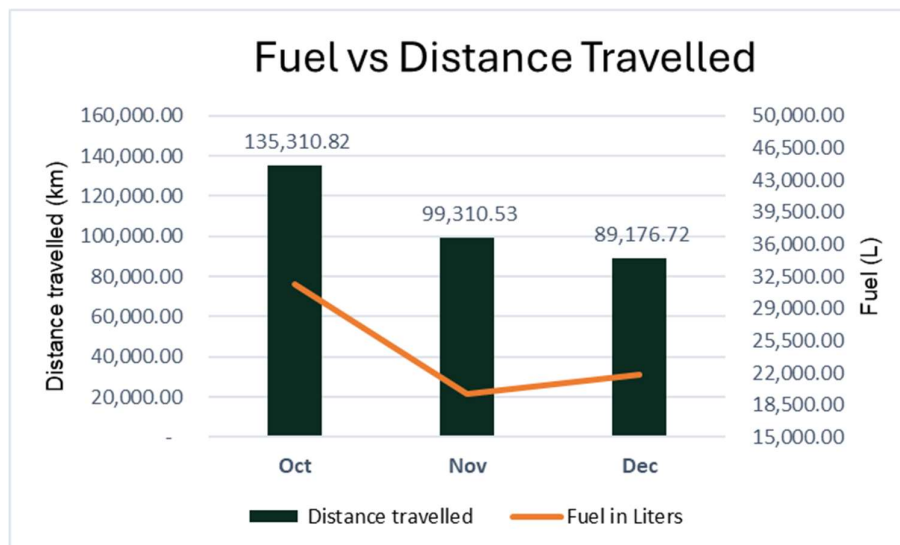
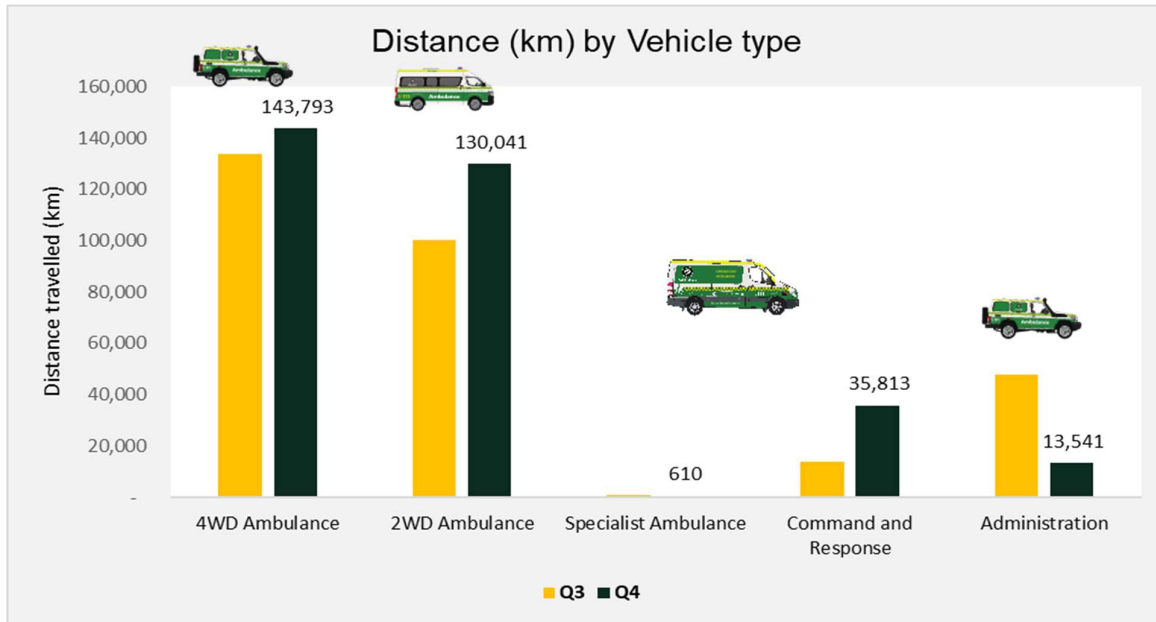
## Distance travelled and fuel consumption

Nationally, a total distance of 295,933 kilometres was travelled in quarter three. For this quarter, a total distance of **323,798 km** was travelled (27,865 km more than quarter three). This is illustrated in the following graph and table.

Vehicle Class	Q3 2023	Q4 2023	YTD Total
4WD ambulance	133,738	123,816	446,817
2WD ambulance	99,992	92,126	397,098
Specialist Ambulance	661	831	2,941
Command And Response	13,749	36,550	73,696
Administration	47,792	24,002	149,092
<b>Total km travelled</b>	<b>295,933</b>	<b>277,325</b>	<b>1,069,644</b>



## Fuel consumption and distance travelled





# REPORTING BY PROVINCE

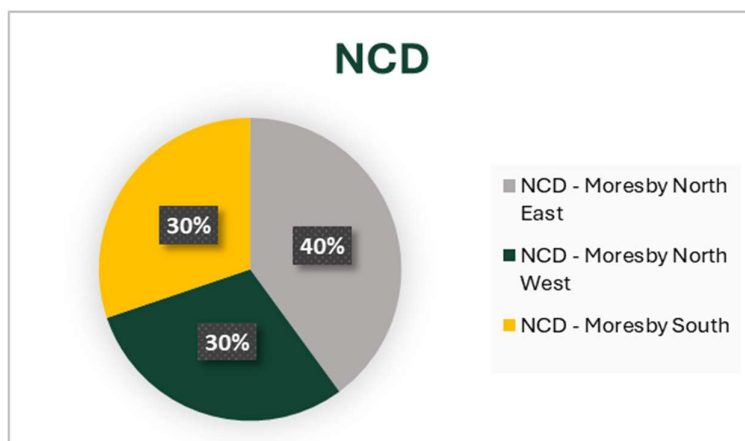
## National Capital District



### Incidents by Electorate

There has been an increase in NCD incidents of 14%, with the largest growth (19%) in Moresby North West.

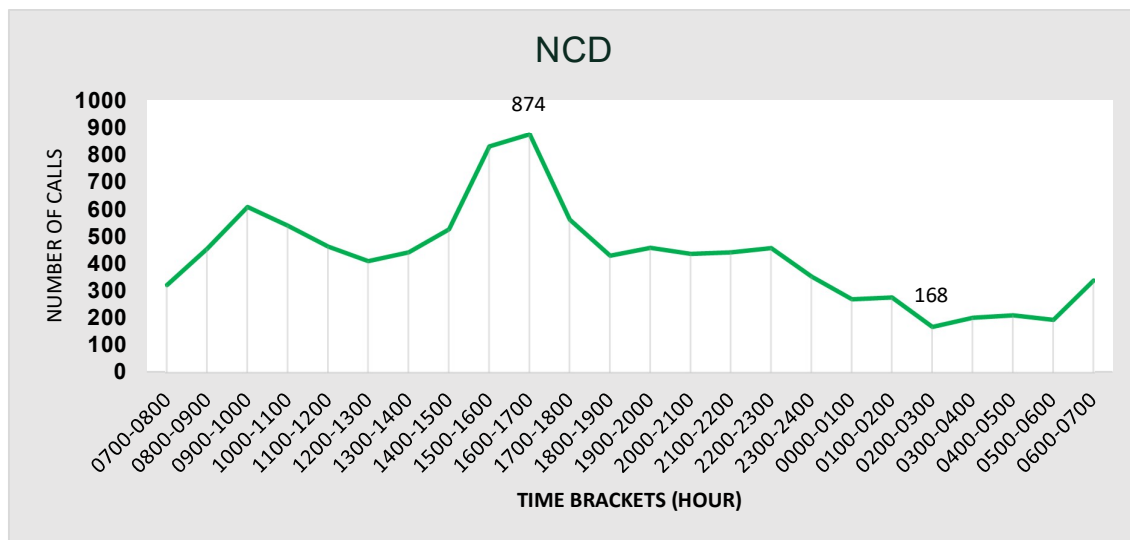
ELECTORATE	Q3 2023	% of total	Q4 2023	% of total	Change	Total YTD
NCD - Moresby North East	1,630	42%	1,780	40%	150	6,264
NCD - Moresby North West	1,118	29%	1,330	30%	212	4,974
NCD - Moresby South	1,151	29%	1,345	30%	194	4,879
<b>Total incidents</b>	<b>3,899</b>	<b>100%</b>	<b>4,455</b>	<b>100%</b>	<b>556</b>	<b>16,117</b>





## 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 **16:00 -17:00** hours, while the least number of calls occurred between **02:00 – 03:00** hours.



## Distance Travelled

Vehicle Class	Q3 2023	Q4 2023	YTD Total
4WD ambulance	67,620	50,485	213,462
2WD ambulance	97,344	124,314	417,115
Specialist Ambulance	661	610	2,719
Command And Response	8,524	21,717	47,207
Administration	47,792	13,541	138,630
<b>Total km travelled</b>	<b>221,941</b>	<b>210,666</b>	<b>819,133</b>



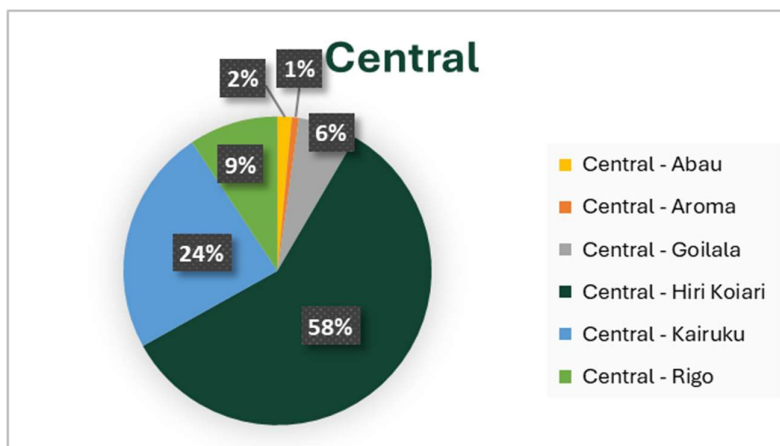
## Central Province



### Incidents by Electorate

In Central, Hiri-Koiari, the largest district accounted for the most incidents attended with 58% in Q4 2023. The formerly known Kairuku-Hiri district is now separated into Hiri-Koiari and Kairuku districts. Incidents in Central Province increased by 10% over the previous quarter.

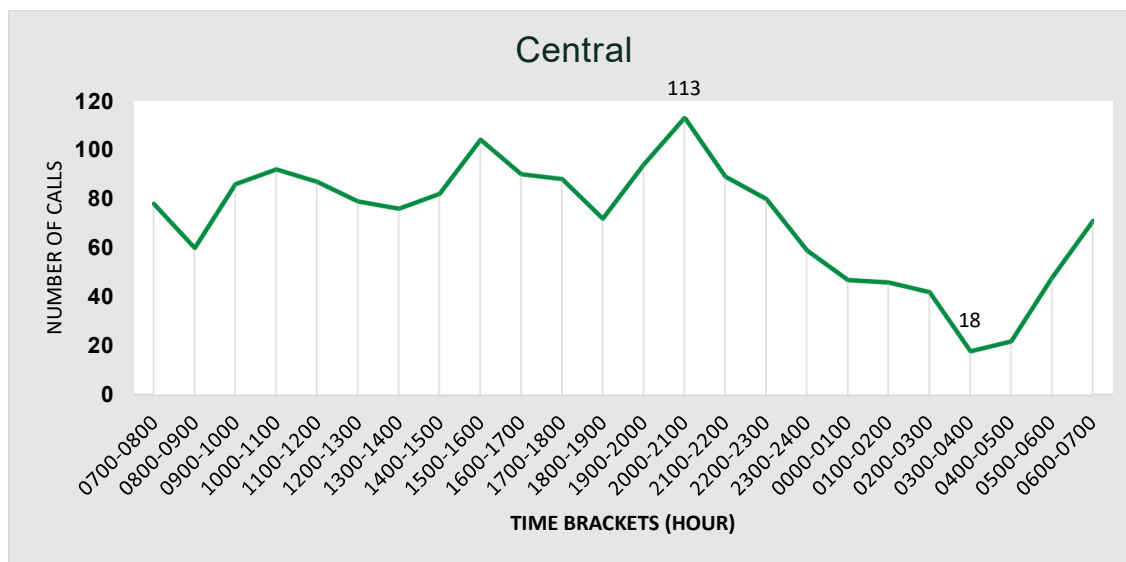
ELECTORATE	Q3 2023	%	Q4 2023	%	Change	Total YTD
Central - Abau	18	2%	18	1%	0	104
Central - Aroma	7	1%	9	1%	2	52
Central - Goilala	55	5%	75	6%	20	205
Central - Hiri Koiari	655	60%	707	58%	52	2,309
Central - Kairuku	271	25%	287	24%	16	1,010
Central - Rigo	93	8%	113	9%	20	412
<b>Total</b>	<b>1,099</b>	<b>100%</b>	<b>1,209</b>	<b>100%</b>	<b>110</b>	<b>4,093</b>





## Peak call periods

We keep track of the times at which calls for help are received. For Central Province, the highest number of calls are received between **20:00 – 21:00** hours, and the least number of calls are received between **03:00 – 04:00** hours during the quarter.



## Distance Travelled

Vehicle Class	Q3	Q4	YTD Total
4WD Ambulance	20,789	40,347	115,742
<b>Total km travelled</b>	<b>20,789</b>	<b>40,347</b>	<b>115,741</b>





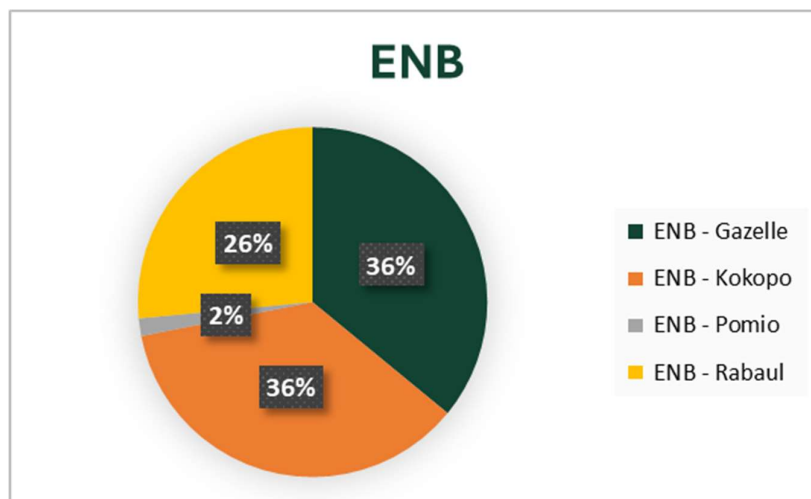
## East New Britain



### Incidents by Electorate

Kokopo and Gazelle, the districts in East New Britain with the highest number of incidents, both accounted for 36% of incidents this quarter. The change in the split of incidents by electorate between Q3 and Q4 also reflects the way in which the split is calculated: the percentage split is calculated based on cases for which electorate is recorded in the data, and then applied to the total number of incidents in the province. There has been an improvement in reporting in Gazelle and Kokopo.

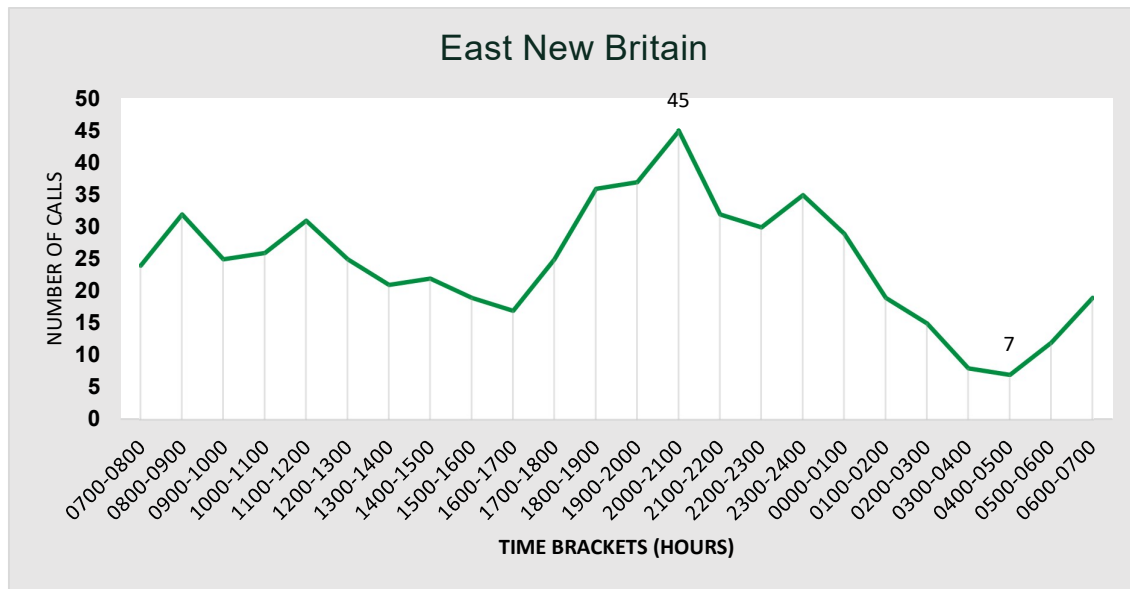
ELECTORATE	Q3 2023	%	Q4 2023	%	Change	Total YTD
ENB - Gazelle	114	6%	165	36%	51	322
ENB - Kokopo	149	4%	165	36%	16	335
ENB - Pomio	11	7%	8	2%	-3	64
ENB - Rabaul	74	84%	121	26%	47	792
<b>Total</b>	<b>348</b>	<b>100%</b>	<b>458</b>	<b>100%</b>	<b>110</b>	<b>1,512</b>





## 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 **20:00 – 21:00** hours while the least number of calls for this quarter were between **04:00 – 05:00** hours.



## Distance Travelled

Vehicle Class	Q3	Q4	YTD Total
4WD Ambulance	19,320	17,505	66,469
2WD Ambulance	2,558	3,364	9,903
<b>Total km travelled</b>	<b>21,879</b>	<b>20,870</b>	<b>76,372</b>

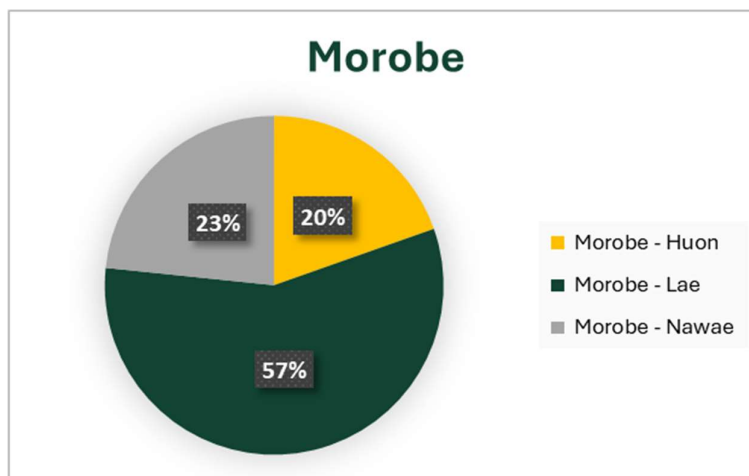
## Lae City & Morobe Province



### Incidents by Electorate

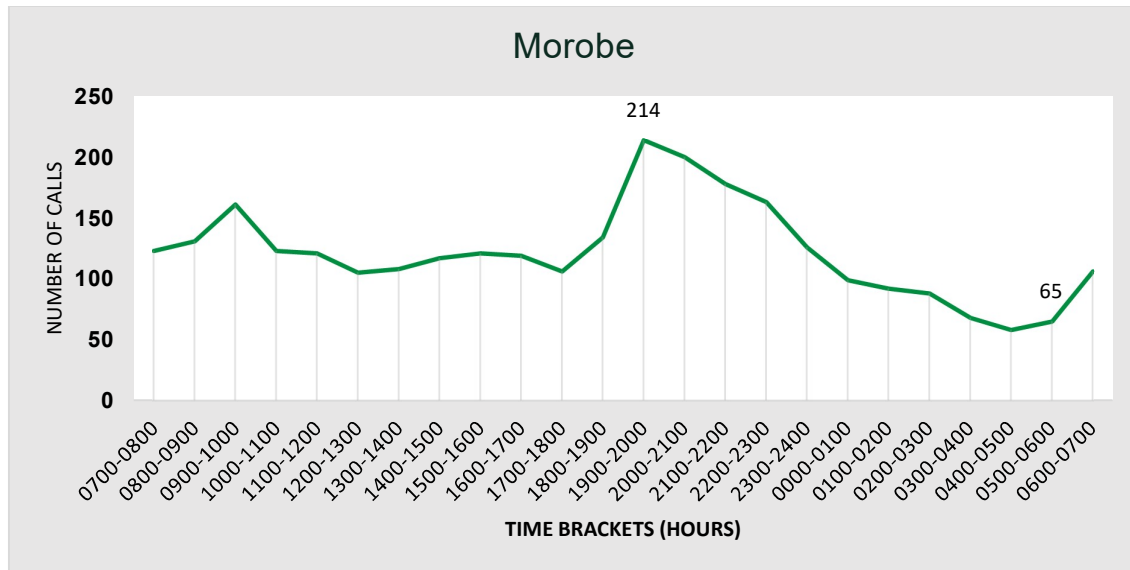
In Morobe, Lae city accounted for most of the incidents with 57% compared to other electorates. There has been a 36% increase in incidents in Lae from Q3 to Q4.

ELECTORATE	Q3 2023	%	Q4 2023	%	Change	Total YTD
Morobe - Huon	335	20%	448	20%	113	1,059
Morobe - Lae	912	54%	1,304	57%	392	4,205
Morobe - Nawae	430	26%	534	23%	104	1,315
Morobe - Bulolo	2	0%	0	0%	-2	47
<b>Total</b>	<b>1,355</b>	<b>100%</b>	<b>2,286</b>	<b>100%</b>	<b>608</b>	<b>6,25</b>



## 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 **05:00 – 06:00** hours.



## Distance Travelled

Vehicle Class	Q3	Q4	YTD Total
4WD Ambulance	26,009	35,455	79,850
2WD Ambulance	90	2,364	7,996
Command and Response	5,225	14,096	19,322
<b>Total km travelled</b>	<b>31,324</b>	<b>51,916</b>	<b>107,167</b>







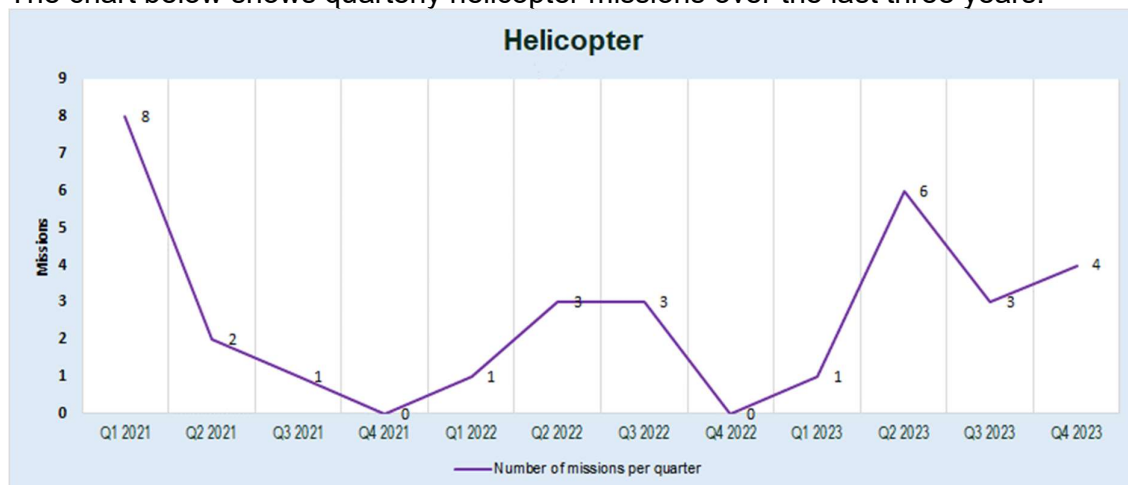
## Air Ambulance Services

### Missions

Number of helicopter missions this year.

Helicopter	Q3 2023	Q4 2023	YTD average (missions)
Southern	3	4	3.5
Momase	0	0	0
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
<b>Total hours</b>	<b>3</b>	<b>4</b>	<b>3.5</b>

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





Number of fixed wing missions this year.

Fixed-wing	Q3 2023	Q4 2023	YTD average (number)
Southern	0	2	1.5
Momase	1	1	1
NGI	0	2	1.5
Highlands	2	1	1.3
Australia	3	0	1.8
International (other)	0	1	0.5
<b>Total hours</b>	<b>6</b>	<b>7</b>	<b>7.5</b>

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





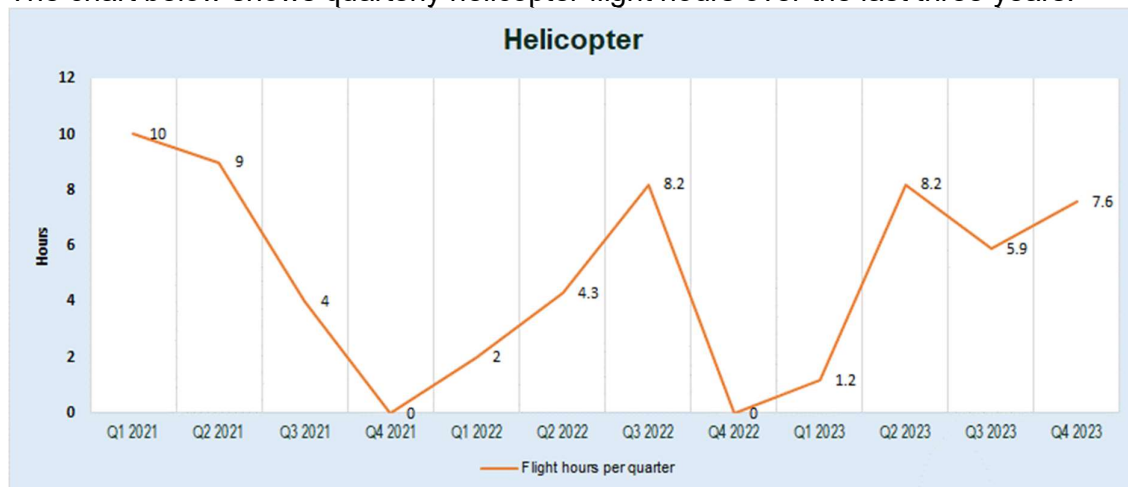


## Flight Hours

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

Helicopter	Q3 2023	Q4 2023	YTD average (hours)
Southern	5.9	7.6	5.7
Momase	0	0	0
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
<b>Total hours</b>	<b>5.9</b>	<b>7.6</b>	<b>5.7</b>

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

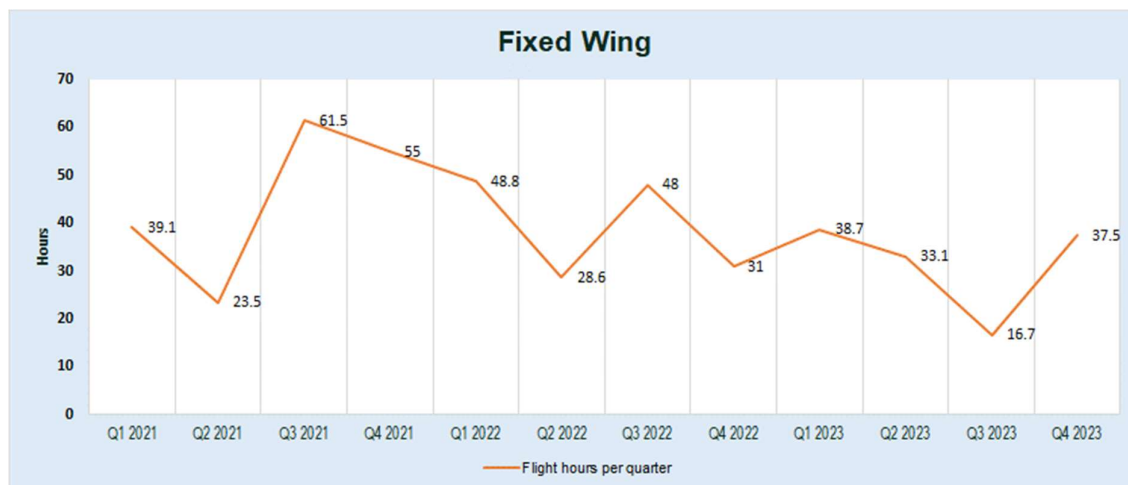




The total hours flown by fixed wing to provide care during this year are shown below.

Fixed-wing	Q3 2023	Q4 2023	YTD average (hours)
Southern	0	4.2	4.1
Momase	2.9	2.9	2.2
NGI	0	5.2	4.4
Highlands	5.6	1.6	3.1
Australia	8.2	0	7.6
International	0	16	8.2
<b>Total hours</b>	<b>16.7</b>	<b>37.5</b>	<b>31.5</b>

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



## Private Patient Transport Fees

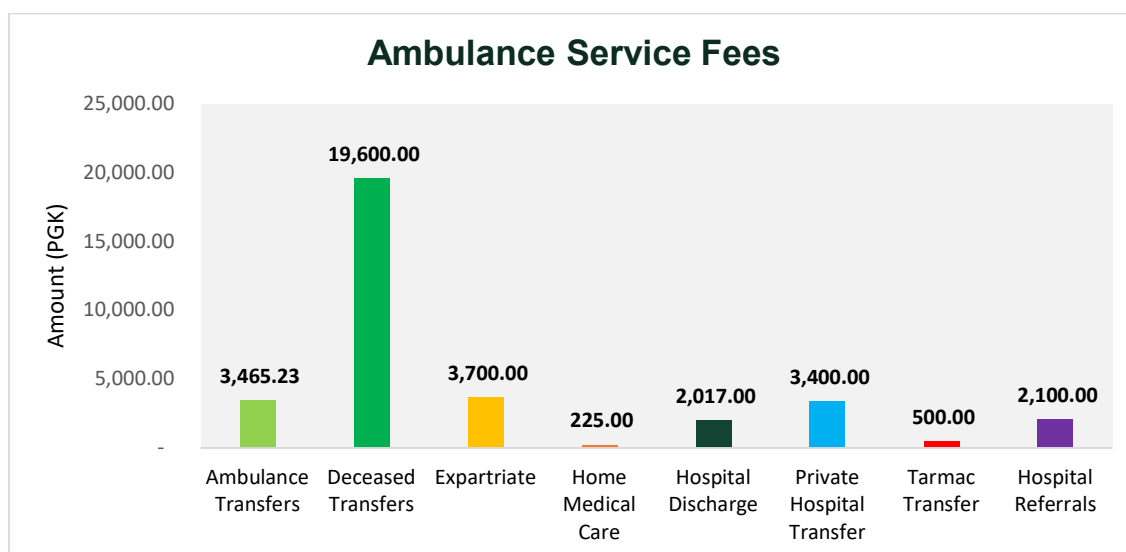
All emergency services provided to Papua New Guineans and PNG Residents are entirely free if the patient is seeking emergency transport to a public hospital.

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

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

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

The total private patient fees collected in Quarter 4 amounted to **PGK 35,007.23**. This helped subsidise the free public ambulance service.

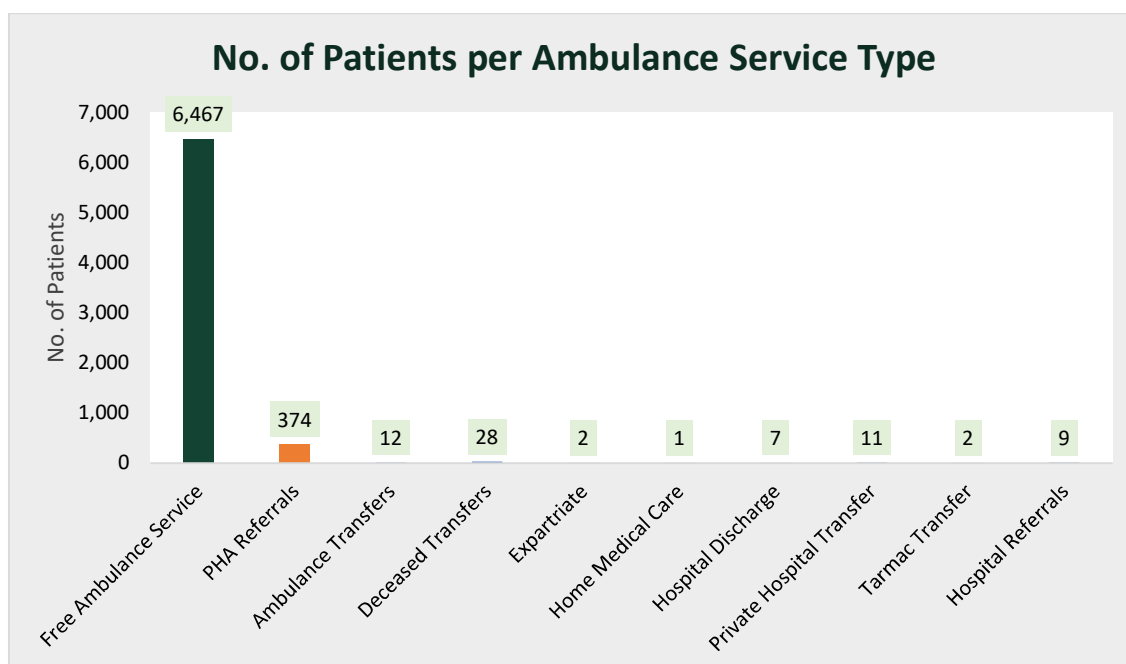




The table below shows ambulance service fees for Q4 of 2023 in comparison to the previous quarter.

Form of Payment	Q3 2023	Q4 2023	2023 YTD Total
Cash	-	-	200.00
EFTPOS	24,581.35	35,007.23	44,421.58
Cheque/Internet transfer	-	-	500.00
<b>Total (PGK)</b>	<b>24,581.35</b>	<b>35,007.23</b>	<b>45,121.58</b>

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



# Key Performance Indicators

## Ambulance Operations Centre 111

Area	Target	Indicator	Result this period
Call Answering Time	Calls to 111 are answered by the telephonist within 10 seconds on average	PABX call-logs	15 seconds
Dispatch Time (NCD)	An ambulance is dispatched to life-threatening (1A and 1B) medical emergencies within 3 minutes on average of the call being received by SJA in Port Moresby and Lae.	CAD Dispatch logs	4 minutes 5 seconds
Dispatch Time (Regional)	An ambulance is dispatched to life-threatening medical emergencies within 7 minutes on average of the call being received by SJA in rural areas	CAD Dispatch logs	5 minutes 56 seconds
Caller Satisfaction	≥ 90% of the callers report that the 111 call-taker was helpful	Weekly Patient Experience Survey	91% caller satisfaction

## Ambulance Service Key Performance Measures

Area	Target	Indicator	Result this period
Response Time (NCD)	An ambulance arrives on scene within 12 minutes from time of call for 1A cases, ≥ 90% of the time	CAD Dispatch logs	13 minutes 15 seconds
Response Time (Regional)	An ambulance arrives on scene within 20 minutes from time of call for 1A and 1B cases, ≥ 90% of the time	CAD Dispatch logs	26 minutes 38 seconds
Patient Satisfaction	≥ 90% of patients report being satisfied or very satisfied with SJA's service	Patient Experience Survey	96.5 % Satisfaction



## Ambulance Service Staffing

Area	Target	Q3 2023	Result this period
<b>Minimum ambulance crewing</b>	The number of ambulances on duty meets that required in Annexe A 90% of the time.	95%	97%
<b>Referrals (Reservist Stations)</b>	80% of Central Province referral incidents to PMGH are met midway by NCD ambulance.	26% of the referral incidents were met mid-way by NCD ambulance. Measured through CAD.	31%
<b>Submission of electronic medical report (eMR)</b>	An eMR is completed for all instances that an ambulance officer assesses a patient.	79.3%	65%

## National Ambulance Coordination Centre (111)

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

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

Name	Target	Q3 2023	Q4 2023
<b>Dispatch time</b>	The median time that an ambulance is dispatched to a 1A case is less than 90 seconds from the time the first call about the incident is received.	3 minutes 9 seconds	3 minutes and 23 seconds
<b>Skill Maintenance</b>	Skills Maintenance and reaccreditation program implemented for all NACC roles	<ul style="list-style-type: none"> <li>• <b>47%</b>. (17/36), First Aid Training.</li> <li>• <b>44 %</b> First Responder (17/36).</li> <li>• <b>100%</b>. Call takers went through 3 weeks of on-the-job training with Phil Proust, Paramedic / Trainer.</li> </ul>	<ul style="list-style-type: none"> <li>• No First Aid and First Responder Training</li> <li>• 100%. Second phase of on-the-job training for Call-Takers with Paramedic/Trainer Phil Proust</li> </ul>
<b>Use of call-taking script</b>	The call-taker completes the call-taker script for 100% of genuine calls	<b>99%</b> . In some cases, scripts are not usually followed say for 1A motor vehicle mass casualty cases, hence 99%.	99%. Scripts not usually followed for 1A motor vehicle mass casualty cases.
<b>Feedback to call-takers</b>	2 calls are randomly selected each week with feedback given to the call-taker by registered paramedics	1x Case Reviews are done every shift by the Dispatch Superior.	1x case reviews done every shift by Dispatch Supervisors.



# Education & Training

Period Ending: 31 December 2023

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.

## Ambulance Education

There were no Ambulance Education courses run in this period.

Course	Location	Students started (those that finished and those that didn't finish)	Students Completed	Course satisfaction score
-				
-				

## First Aid in Schools

Free first aid training conducted by the SBBF-SJA First Aid in Schools Team to high school students is shown below.

Province	School Name	Days of training	Students Completed	Student satisfaction score (average)
NCD	St Joseph International College	2	64	NA
	Paradise College	1	54	NA
Madang	Madang Christian Academy	1	47	NA
Madang	Good Shepherd Lutheran High School	1	44	NA
East Sepik	Mercy Secondary Yarapos	1	51	NA
East Sepik	Bishop Leo Secondary	1	53	NA



## Community First Aid Training

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

Province	Location	Days of training	Students Completed	Comments
NCD	Koki SDA mission church	2	120	Collaboration with Sir Brian Bell Centre of transfusion medicine team

## 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)
NDC	Taurama Military Hospital	2	30	100% satisfied
NCD	Ela Beach - Adventist Health Services	1	29	100% satisfied
NCD	5 Mile - Catholic Health Services	2	34	100% satisfied
NCD	Kaugere/ Living Light 4 Square Health Services	2	23	100% satisfied
NCD	Port Moresby General Hospital	4	18	100% satisfied

# General Information

## Background and history

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

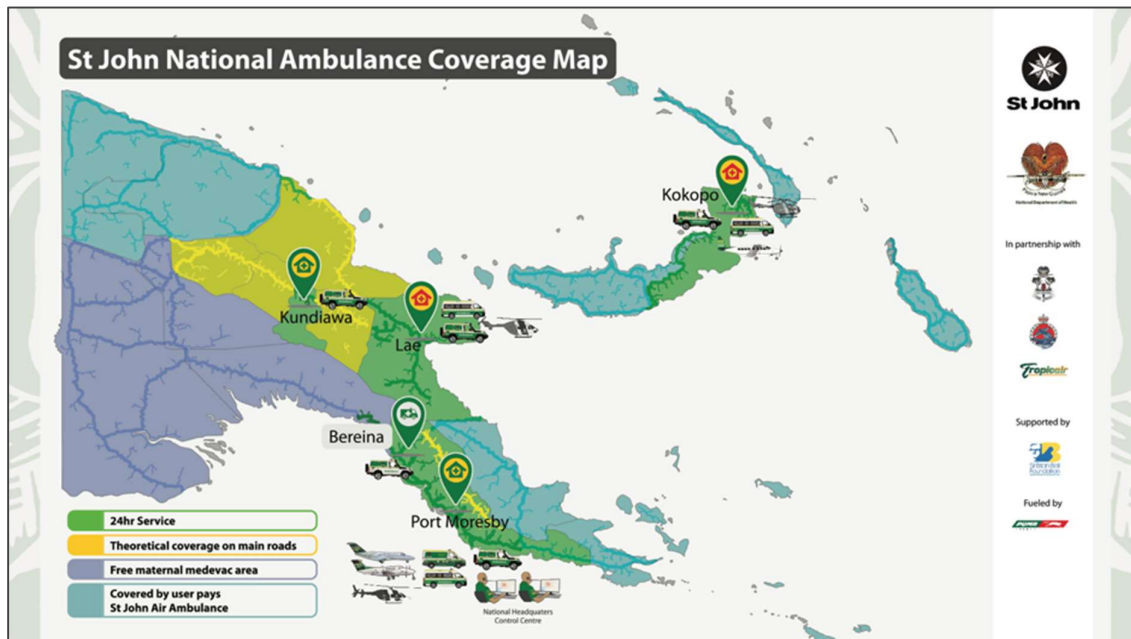
SJA is committed to making a difference in Papua New Guinea by providing quality health and ambulance services and responding to emergencies and disasters. In addition to emergency services, SJA offers a range of health and safety courses, including first aid, CPR, and AED training. SJA is also involved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

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

## SJA Station Locations

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

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



## About the ambulance service

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

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



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

## Prehospital care essential to good health care in PNG

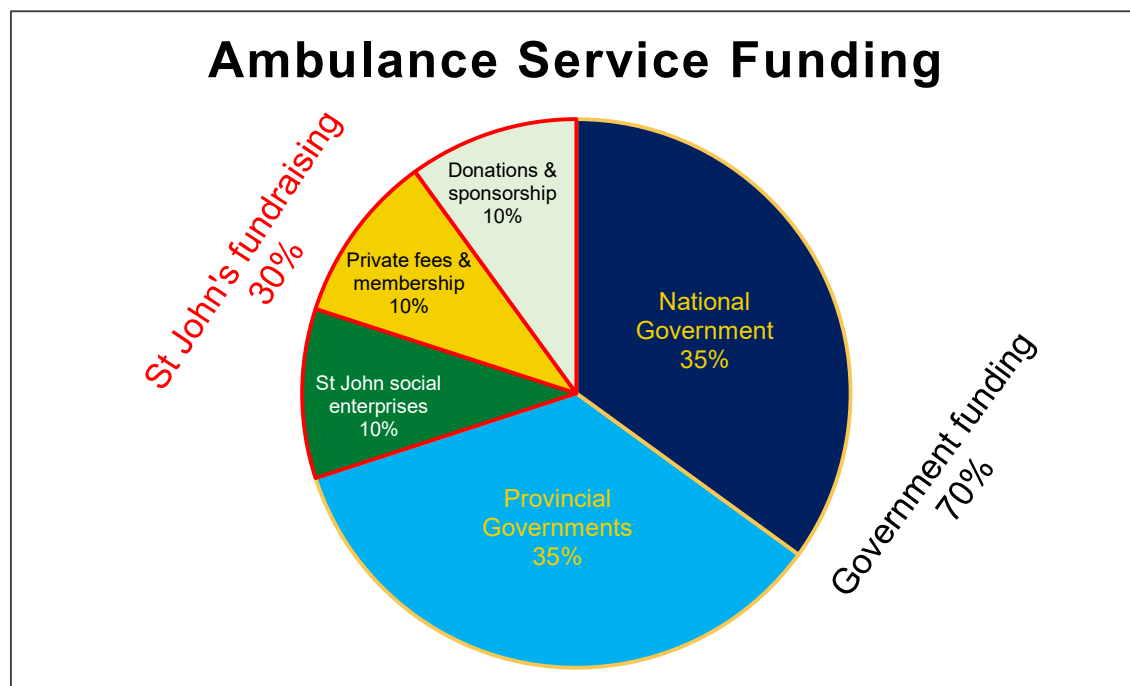
Ambulances and rapid response vehicles are the primary modes of delivering pre-hospital emergency medical services in PNG, however, SJA also uses aircraft and boats to access patients in rural and remote areas. SJA also has a special operations team and rescue squad that provides technical rescue and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

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

## St John: A Statutory Civil Protection Charity

### How is the ambulance service funded?

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



**National Government: 35%**

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

**Provincial Authorities: 35%**

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

**St John's fundraising: 30%**

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

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

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

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

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

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





## SJA's place in the health care system

SJA has followed a similar path to the wider PNG health care system, undergoing gradual centralisation and professionalisation. From the early days of administration and then independence in PNG, a mix of providers offered health care services. This included government, voluntary, church and not-for-profit sectors, including SJA.

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



## An Emergency Service and a Health Service

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

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





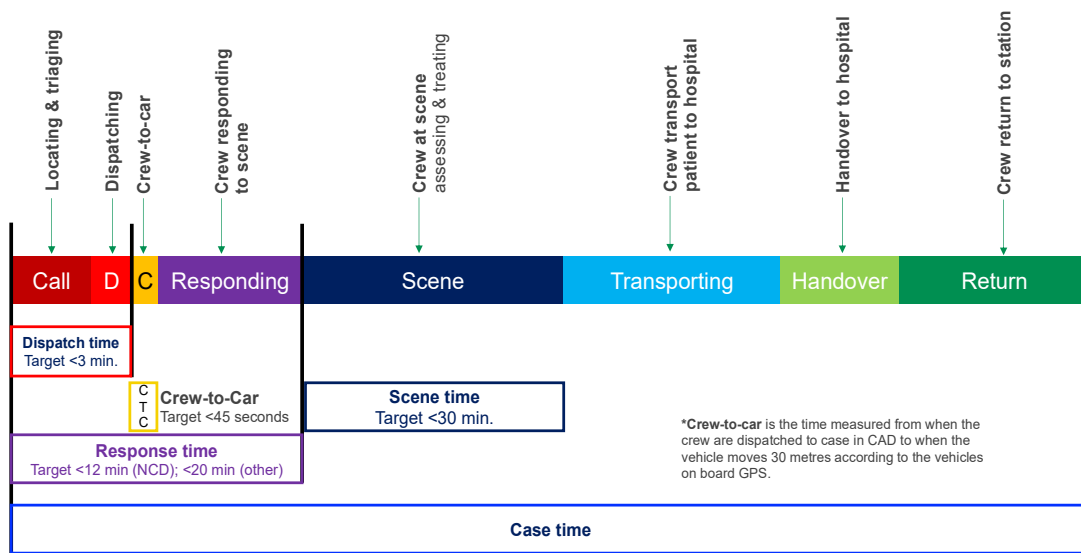
# Definitions & Terminology

## Terminology

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

Term	Definition	Comment
<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>	<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 SJA's eMR system.

## Key Incident Time Intervals







## Response priorities

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



## Papua New Guinea Since 1957

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

**For more information about this report contact [enquiries@stjohn.org.pg](mailto:enquiries@stjohn.org.pg)  
[www.stjohn.org.pg](http://www.stjohn.org.pg)**

