Papua New Guinea

National Department of Health

Ambulance Service Activity Report

Quarter 4 2024

1 OCTOBER – 31 DECEMBER 2024

A public service agency of the National Department of Health

Executive Summary

The Fourth Quarter (Q4), 2024 Ambulance Activity Report provides an overview of the performance, challenges, and achievements of the National St John Ambulance (NStJA) in delivering the ambulance service from **01 October to 31 December 2024.**

During this period, demand for emergency ambulance services remained high with **9,059 incidents attended during the quarter.**

Key performance highlights include:

- **Emergency response**: **6,947** patients assisted (+3% from Q3), with ambulances covering 490,319 km across PNG.
- **Call centre efficiency**: **96%** caller and patient satisfaction, an increase of 5% from Q3.
- **Response times**: Priority 1A calls had a median response time of 14 minutes 36 seconds, with delays primarily due to resource availability, road infrastructure and distance.
- **First Aid & Training**: 2,072 people trained, including school students, healthcare staff, and workplace employees.
- **Aeromedical Services**: 5 fixed-wing and 8 helicopter retrievals completed, ensuring critically ill patients in remote areas received timely medical care.
- **Financial sustainability**: Public emergency ambulance services remained entirely free for citizens needing transport to a public hospital. Although PGK 42,612 in private booking fees and deceased transport fees has made a small contribution to offsetting a deficit in operating costs. Funding from National and Provincial Governments ensured service continuity.

Despite these achievements, increasing public demand and utilisation of the ambulance service for emergencies continues to outpace available resources.

We acknowledge the continued operational funding from the Marape/Rosso Government in 2024 and the additional support from the NCDC under Governor Powes Parkop. We also extend our appreciation for the donation of new ambulances from key partners:

- Lae City Authority
- Butibam Pipeline Landowners Association
- ExxonMobil PNG
- Motu Koita Assembly through EMPNG,
- Nambawan Trophy Limited through the Green Angels Appeal

Sustained government investment in ambulances, workforce, and infrastructure is critical to ensuring timely emergency care for all Papua New Guineans.

Contents

Reporting period:

This report covers National St John Ambulance activity in Quarter 4 from **1 October to 31 December 2024**.

It provides insights into key areas, including clinical outcomes, patient demographics, and the geographical spread of ambulance calls.

The analysis spans all provinces where NStJA operates, offering a clear view of the service's impact and performance. Data is sourced from 111 call reports and the ambulance computer-aided dispatch (CAD) system.

Overview of the Ambulance Service

The National St John Ambulance Council (NStJA) is an independent statutory authority governed by its own Act. It reports to the Ministry for Health through the National Department of Health.

The Service provides emergency ambulance response and patient transport as part of its statutory functions, ensuring that critically ill patients receive timely health care.

There are 11 Ambulance stations in PNG, located throughout Port Moresby, Central, Kokopo, Lae with some coverage also in Mt Hagen and Goroka.

How is the Ambulance Service Funded?

When a citizen needs emergency transport to a public hospital, the ambulance service is **completely free**.

As you would expect, operating an emergency ambulance service comes with significant but necessary cost.

The public ambulance service is not yet fully Government funded. Service Agreements with the Ministry for Health (through the Treasury) and Provincial Health Authorities (PHAs) fund just under 75% of the ambulance service direct operating costs.

The shortfall needs to be covered from:

> payment of part charges

> community donations, fundraising and revenue from our enterprise activities.

The cost to St John:

> of a typical emergency ambulance call out is around PGK 500 based on attending 40,000 emergency incidents a year (2024 data).

> to buy and equip an ambulance is PGK 320,000

Despite this, the National St John Ambulance Council upholds a **No Fee Policy** for public emergencies. This ensures that any citizen can access emergency care and ambulance transport to a public hospital at **no personal cost**. The policy is designed to ensure no one is denied lifesaving treatment because they cannot afford it. However, it also requires the ambulance service to secure alternative funding to sustain operations.

Summary of Quarter 4, 2024

Ambulance Service Data

Table 1: Ambulance service summary data, Q4 2024 vs Q3 2024

Metric	Q3 2024	Q4 2024	% change
Emergency calls handled	25,999	**36,276**	+40%
Emergency incidents	9,160	**9,059**	-1%
Patients assisted *	6,752	**6,947**	+3%
Patients transported	5,608	**5,798**	+3%
Distance covered (km)	432,601	**490,319**	+13%
Caller satisfaction	91%	**96%**	+5%
Patient satisfaction	91%	**96%**	+5%

*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 and the availability of an ambulance at the time of the call.

Table 2: Time-based operational performance measures, National, Q4 2024

Category:	**Priority 1A**		**Priority 1B**		**Priority 1C**		**All other priorities P2, P3, P4, P5, P6**	
Urgency:	**Critical**		**Urgent**		**Urgent**		**Non-urgent**	
Timing:	**Target**	**Q4**	**Target**	**Q4**	**Target**	**Q4**	**Target**	**Q4**
Dispatch time (median)	*3 minutes*	2 mins 59 secs	*3 minutes*	3 mins 37 secs	*3 minutes*	*25 mins 11 secs*	*Case dependent*	42 mins 41 secs
Response time (median)	*12 minutes*	14 mins 36 secs	*15 minutes*	21 mins 05 secs	*15 minutes*	*56 mins 42 secs*	*Case dependent*	81 mins 23 secs
Scene time (median)	*30 minutes*	20 mins 45 secs	*30 minutes*	18 mins 25 secs	*30 minutes*	*17 mins 28 secs*	*Case dependent*	18 mins 25 secs
Overall Case time (median)	*1 hr 15 mins*	1 hr 07 mins	*2 hours*	1 hr 09 mins	*2 hours*	*1 hr 14 mins*	*Case dependent*	2 hrs 33 mins

Ambulance Staff Trained & Qualified

Table 3: Number of ambulance staff trained Q4 2024 vs Q3 2024 (courses completed)

Courses	Q3 2024	Q4 2024
First Responder □	16	-
Ambulance Officer □	-	**19**
RAO/RAD □□□	5	-
Total	21	**19**

Members of the Public Trained in First Aid

Table 4: Number of people trained in first aid, and student satisfaction, Q4 2024 vs Q3 2024

Metric	Number trained			Student satisfaction ☺	
	Q3 2024	Q4 2024	% change	Q3 2024	Q4 2024
Free First Aid in Schools □	617	**100**	-84%	NA	-
First Aid for Work* □□♂□□□□□□	904	**893**	-1%	97%	98%
Public Awareness □□□□	-	**1,040**	-	-	-
Hosp Advanced Resus □□□	225	**39**	-83%	100%	78%
Total	**1,746**	**2,072**	**19%**	**98%**	**88%**

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

Resourcing

The table below shows the minimum resource targets for each province during the quarter.

Table 5: Public ambulances on duty available at any one time, by province, 31 December 2024

24-hour resources	NCD	Central	Morobe	ENB	Total
Emergency BLS Ambulance	5	-	2	1	8
Emergency ILS Ambulance	1	1	-	-	2
Emergency Reservist Ambulance	-	2	-	-	2
Total	**6**	**3**	**2**	**1**	**12**

Table 6: On-call resources, by province, 31 December 2024

On-call resources	NCD	Central	Morobe	ENB	Total
Reservists	-	2	-	-	2
Advanced Life Support	1	-	-	-	1
Paramedic, Advanced. PNG-APP	2	-	1	1	4
Doctor	2	-	-	-	2
Command	2	1	1	1	5
Total	**7**	**3**	**2**	**2**	**14**

Operational Workforce

The number of operational and corporate staff in each province is summarised below. The workforce figures represent staffing as the last day of the reporting period:

Table 7: Number of staff by clinical level and province, 31 December 2024.

Province	NCD	Central	Morobe	ENB	Hagen	Total
Clinical staff						
Ambulance Driver (AD)	-	8	5	-		**13**
Reservist Ambulance Officer (RAO)	-	-	-	3		**3**
Ambulance Officer L1 (AO1)	19	-	-	-		**19**
Ambulance Officer L2 (AO2)	11	-	5	-		**16**
Ambulance Officer L3 (AO3)	28	-	5	3		**36**
Emergency Medical Technician (EMT)	1	-	1	-		**2**
Clinician L1	-	-	-	-		**-**
Clinician L2	4	-	1	-		**5**
Clinician L3	-		-	-		**-**
Clinician L1 / L2 (projects)	-	2	2	2	2	**8**
Paramedic (incl management)	3	-	2	1		**6**
SMO (Medical Officer)	2	-	-	-		**2**
Reservist SMOs	1	-	-	-		**1**
Support Services Staff						
Fleet & Infrastructure	8	-	-	-		**8**
Service Planning	4	-	-	-		**4**
Facilities & Admin Drivers	19	-	-	-		**19**
Other HQ staff						
Finance	7	-	-	-		**7**
People Workforce & Culture	4	-	-	-		**4**
Office of CEO	14	-	-	-		**14**
Enterprise & Education	16	-	-	-		**16**
Clinical Systems	10	-	-	-		**10**
Total	**151**	**10**	**21**	**9**	**2**	**193**

Baby Born on Christmas Named After a Green Angel

East New Britain, Wednesday, 25 December 2024, 03:06AM – In the early hours of Christmas Day at 03:06AM, the National Ambulance Operations Centre (NAOC) received an emergency call about a woman in labour from Gelegele village in Kokopo, East New Britain.

Ambulance officers Edward Kivung and Newman Vue were dispatched promptly to assist a 32-year-old expectant mother, Lydia, who was experiencing labour pains.

Call takers reassured Lydia that a unit would be sent as soon as it was available. The caller met the ambulance on the roadside and guided the crew to the family home.

Upon arrival, the ambulance team promptly assessed Lydia and transferred her to the ambulance to begin the journey to the hospital. During transport, it became apparent that Lydia's labour was progressing rapidly, and the crew expertly assisted with the delivery of her baby in the ambulance.

After ensuring Lydia was clinically stable, the crew transported her and her newborn son to the hospital for further care. In a heartfelt gesture of gratitude, the family decided to name the baby boy after the ambulance officer who helped deliver him, Newman.

Reflecting on the experience, Newman shared, "It is such an honour to have the baby named after me, especially on such a special day."

National Performance Reporting

Emergency Incident Growth

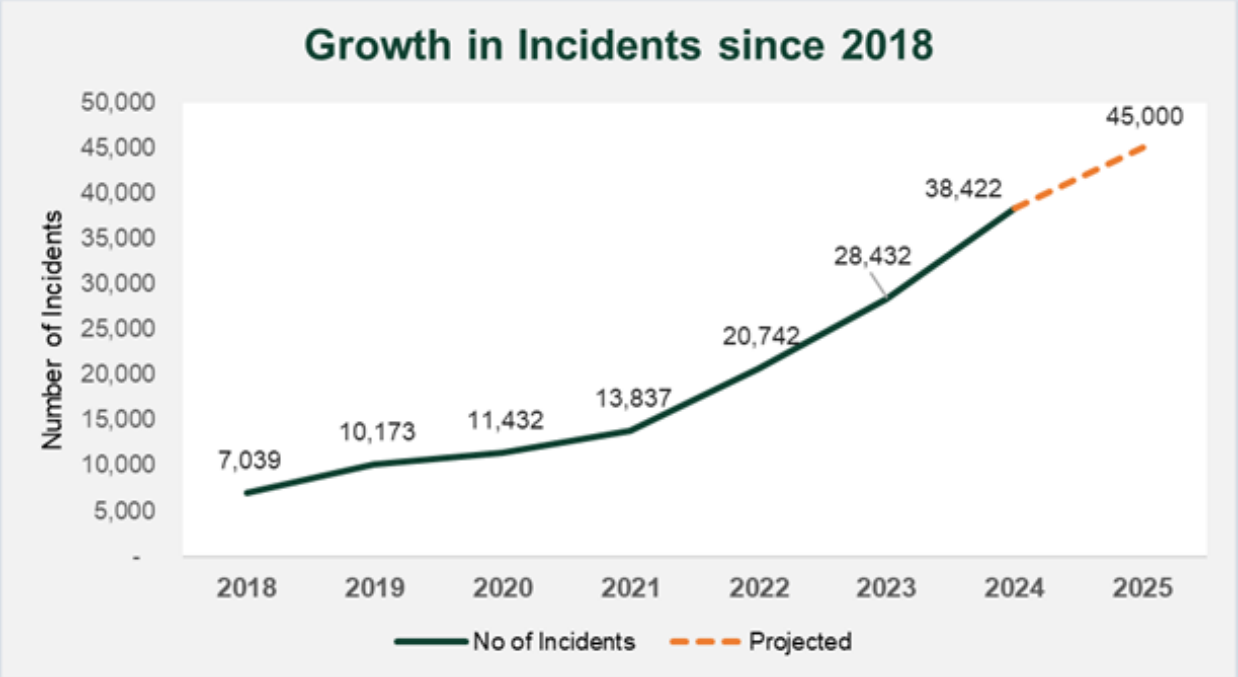
The demand for the emergency ambulance service has grown significantly since 2018, reflecting the Service's continued reach and increasing community reliance on emergency care.

In 2024, NStJA responded to more than **38,000** emergency incidents, a near 90% increase from 2021. While slightly below the forecasted 39,000, this figure highlights the unrelenting demand for ambulance services and the operational pressures faced by NStJA.

Calls for help to 111 are projected to surpass **45,000** by 2025, reinforcing the need for sustained government investment in the Service's workforce, fleet, and infrastructure to maintain capability in line with community expectations and service level agreements.

The steady rise in case numbers underscores the essential role of NStJA in ensuring timely emergency medical care across many parts of Papua New Guinea.

Figure 1: Growth in clinical incidents since 2018



Incidents by Clinical Presentation (Medical Problem)

During the reporting period, NStJA attended to **9,059** incidents. This represents a 1% decrease compared to the previous quarter in 2024. Table 8 below details the incidents categorised by clinical presentation.

Table 8: Incidents by clinical presentation Q4 2024 vs Q3 2024

Clinical Presentation	Q3 2024	Q4 2024	Change	
			Number	%
Medical general (other)	3,330	**3,269**	-61	-2%
Obstetric/maternal	1,343	**1,199**	-144	-11%
Respiratory	1,162	**1,227**	65	6%
Other trauma	1,326	**1,446**	120	9%
Gastrointestinal	820	**795**	-25	-3%
Transfer	618	**595**	-23	-4%
Cardiovascular	255	**218**	-37	-15%
Bites/stings	86	**106**	20	23%
Motor vehicle collision	85	**86**	1	1%
Mortuary	48	**59**	11	23%
Toxicology	42	**37**	-5	-12%
Shooting	21	**14**	-7	-33%
Mental health	24	**8**	-16	-67%
Total	**9,160**	**9,059**	**-101**	**-1%**

The total incidents decreased slightly by 1% from Q3 to Q4 2024. Significant increases were seen in trauma (+9%) and respiratory cases (+6%), while mental health (-67%) and shooting incidents (-33%) saw sharp declines. Most other categories showed minor changes.

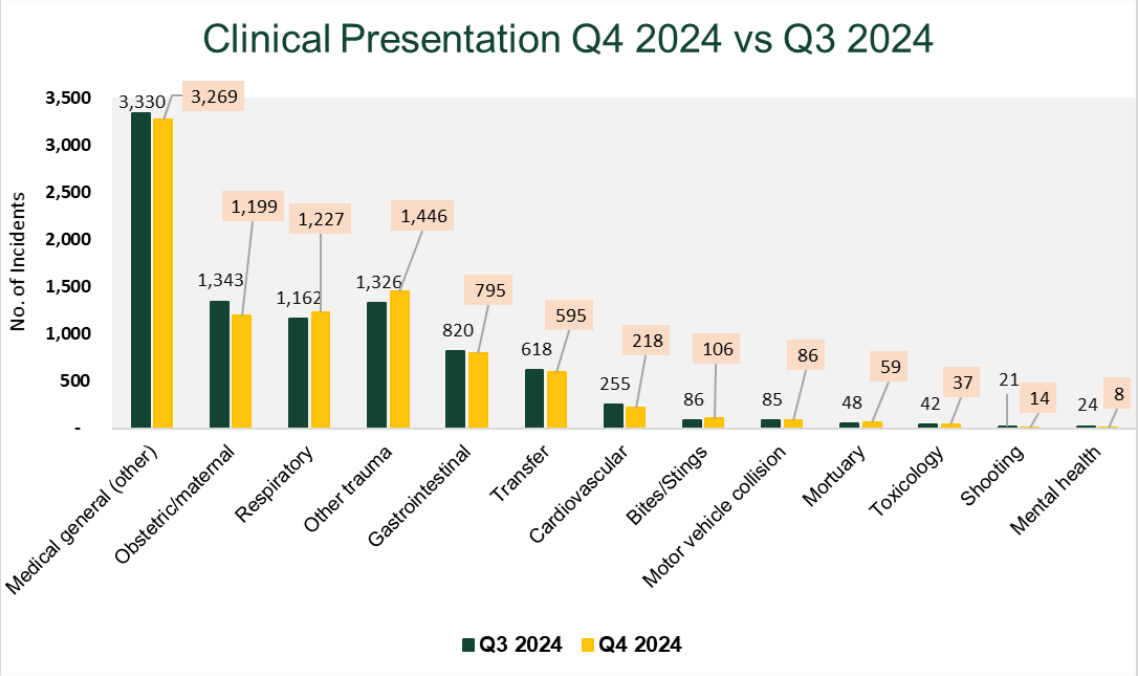
Although the magnitude of the decline varied, major categories of incidents such as general medical and obstetrics/maternal saw a decrease in incidents. As usual, the majority of

clinical cases in quarter four 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 constitutes 16% of the total incident workload. Obstetric/maternal cases account for 13% of all incidents, while respiratory cases comprise 14% for this quarter.

Figure 2 shows the Q4 2024 incidents that NStJA attended nationally, by clinical presentation, in graphical format.

Figure 2: Clinical presentations Q4 2024 vs Q3 2024



Incidents by Province and Clinical Presentation

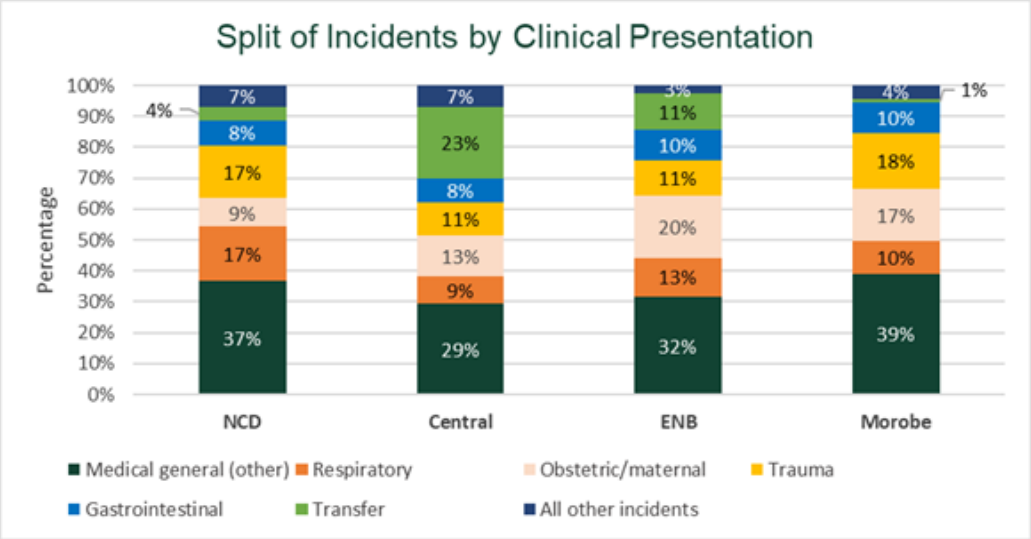
Table 9 indicates incidents by province and clinical presentation:

Table 9: Incidents by clinical presentation and province, Q4 2024.

Clinical Presentation	NCD	Central	ENB	Morobe	Total
Bites/Stings	31	55	2	18	**106**
Cardiovascular	123	16	12	67	**218**
Gastrointestinal	330	97	79	289	**795**
Medical gen'l (other)	1,517	368	245	1,139	**3,269**
Mental health	5	1	1	1	**8**
Mortuary	52	3	1	3	**59**
Motor vehicle collision	56	9	1	20	**86**
Obstetric/maternal	378	165	156	500	**1,199**
Other trauma	708	134	87	517	**1,446**
Respiratory	719	111	97	300	**1,227**
Shooting	5	1	1	7	**14**
Toxicology	19	4	3	11	**37**
Transfer	178	290	89	38	**595**
Total	**4,121**	**1,254**	**774**	**2,910**	**9,059**

The distribution of clinical presentations varies significantly by province. For instance, obstetric and maternal cases constitute 20% of the workload in East New Britain, compared to 9% in NCD. Additionally, the proportion of transfer incidents shows considerable variation, ranging from 1% in Morobe to 23% in Central. This variation highlights the diverse healthcare needs and service demands across different regions.

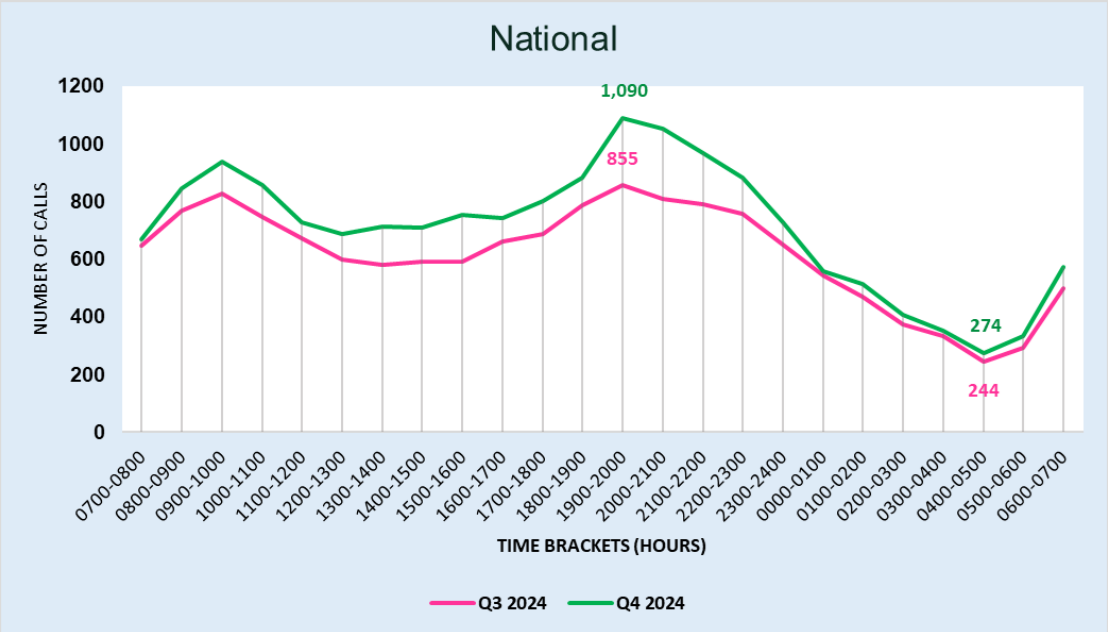
Figure 3: Split of incidents by clinical presentation, by province, Q4, 2024.



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 1,090 calls, while the least number of calls received was between **04:00 – 05:00 AM** with a total of 274 calls.

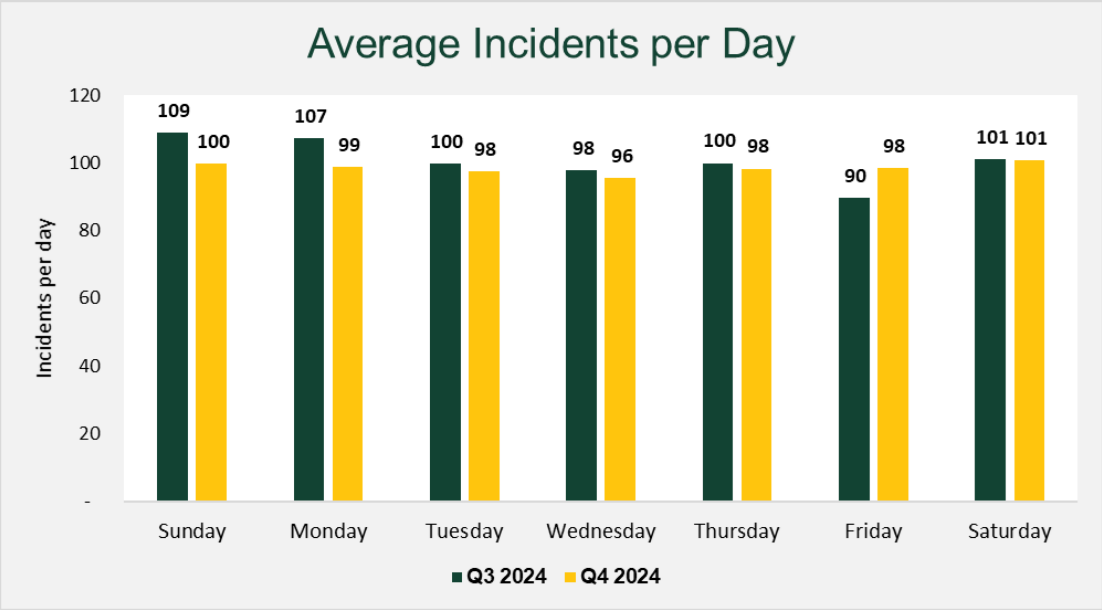
Figure 4: Number of calls per hour, National, Q4, 2024.



Average Cases per Day

The graph below indicates the average number of cases responded to per day in Q4 2024 in comparison to Q3 2024. There was minimal variation in incidents between days of the week.

Figure 5: Average cases per day, Q4 2024 vs Q3 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 show 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, Q4 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 54 secs	2 mins 54 secs	17 mins 18 secs	35 mins 35 secs
Central	3 mins 39 secs	4 mins 23 secs	31 min 26 secs	47 mins 46 secs
Morobe	4 mins 8 secs	5 mins 20 secs	33 mins 5 secs	45 mins 45 secs
East New Britain	-	7 mins 1 sec	29 mins 4 secs	73 mins 10 secs
National Median	**2 mins 59 sec**	**3 mins 37 secs**	**25 mins 11 secs**	**42 mins 41 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

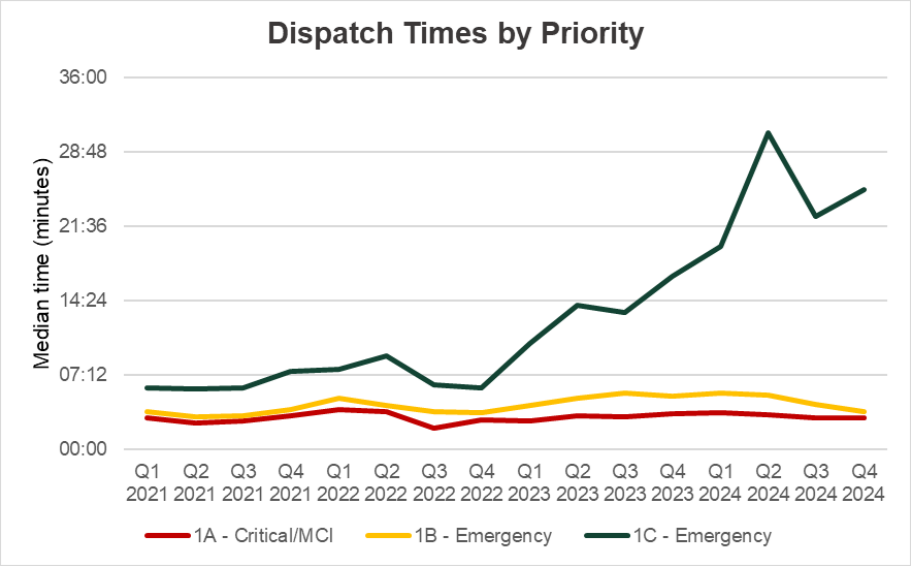


Figure 6 shows how dispatch times for different priority cases have changed over the last four years. Dispatch times for the highest priority emergencies (1A and 1B) have remained almost unchanged. This stability is attributable to having fewer 1A and 1B incidents and dispatchers being able to prioritise 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 77%. 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.

	Percentage of incidents			
Priority	**2021**	**2022**	**2023**	**2024**
1A	1%	1%	1%	1%
1B	6%	7%	7%	8%
1C	46%	57%	63%	77%
2	32%	25%	22%	9%
3	11%	7%	6%	4%
Other (P4 – P7)	4%	3%	1%	1%
Total	**100%**	**100%**	**100%**	**100%**

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:

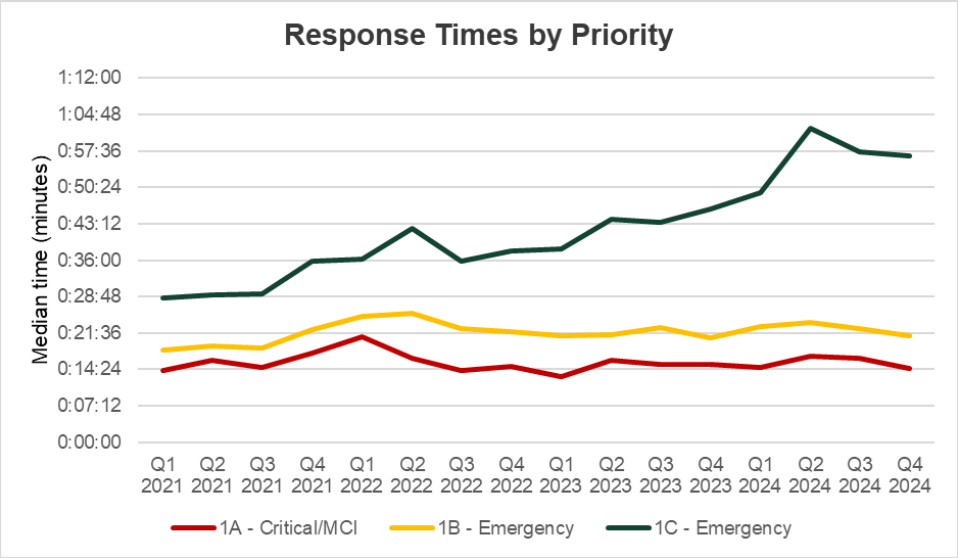
- Priority 1A: 12 minutes in urban areas, 30 minutes in rural areas
- Priority 1B: 15 minutes in urban areas, 35 minutes in rural areas

Table 11: Median response times, by priority, Q4 2024

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5, P6
Urgency	**Critical**	**Urgent**	**Urgent**	**Non-urgent**
NCD	12 mins 26 secs	17 mins 11 secs	46 mins 38 secs	63 mins 06 secs
Central	23 mins 18 secs	63 mins 07 secs	105 mins 05 secs	133 mins 51 secs
Morobe	15 mins 20 secs	19 mins 07 secs	57 mins 36 secs	64 mins 28 secs
East New Britain	-	47 mins 11 secs	74 mins 46 secs	124 mins 30 secs
National Median	**14 mins 36 secs**	**21 mins 05 secs**	**56 mins 42 secs**	**81 mins 23 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

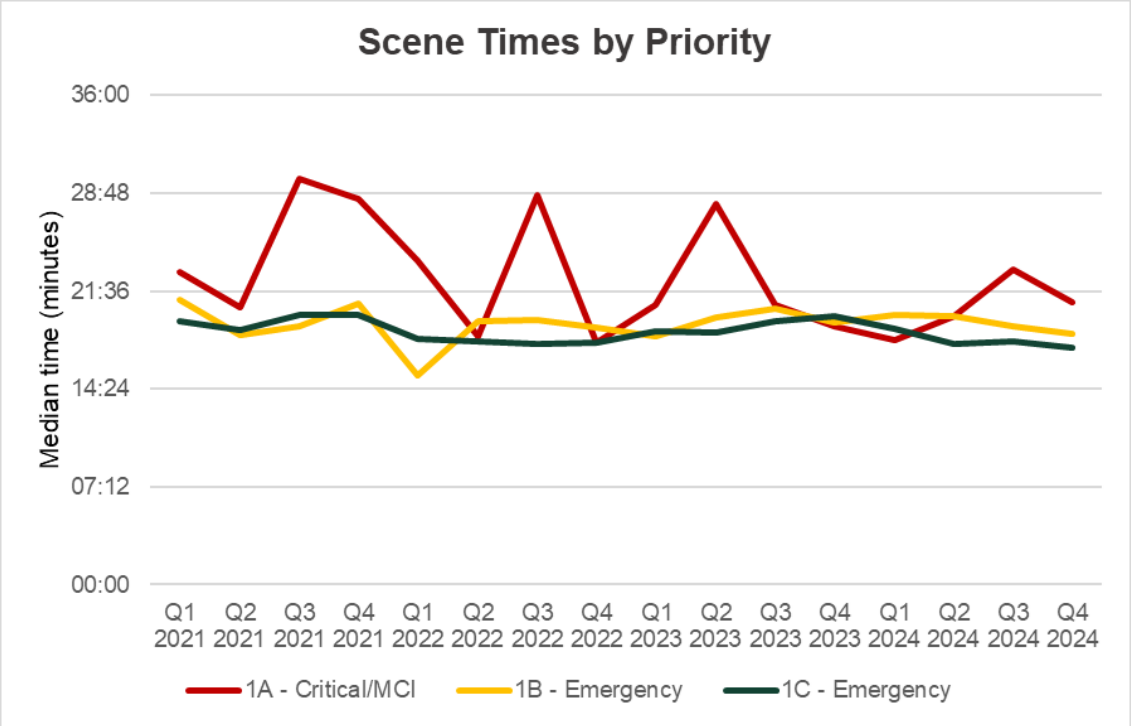
Scene time is the time between when the first ambulance arrives at the incident to when it departs the scene. The table below shows this quarter's scene time in minutes and seconds. In most provinces, scene times were below target (30 minutes), indicating that crews treat and transport patients to hospitals efficiently.

Table 12: Median scene times, by priority, Q4 2024.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5, P6
Urgency:	**Critical**	**Urgent**	**Urgent**	**Non-urgent**
NCD	21 mins 22 secs	17 mins 16 secs	16 mins 05 secs	17 mins 54 secs
Central	18 mins 52 secs	19 mins 33 secs	19 mins 33 secs	20 mins 03 secs
Morobe	19 mins 52 secs	19 mins 17 secs	16 mins 39 secs	17 mins 57 secs
East New Britain	-	25 mins 38 secs	20 mins 16 secs	20 mins 06 secs
National Median	**20 mins 45 secs**	**18 mins 25 secs**	**17 mins 28 secs**	**18 mins 25 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

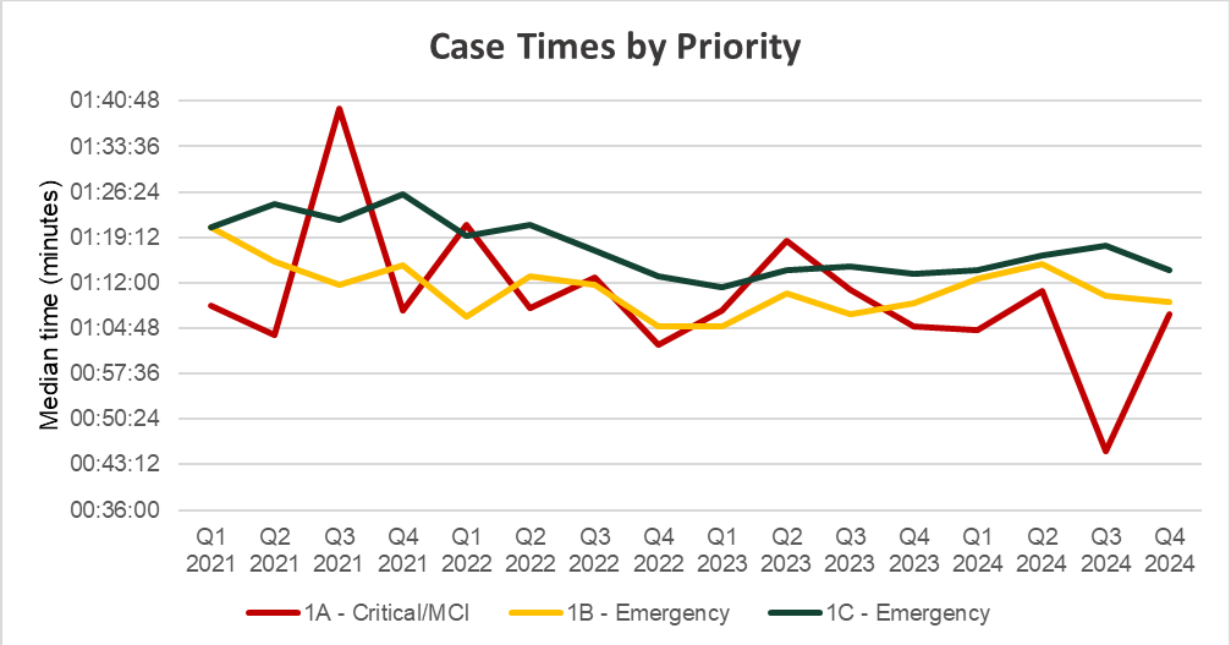
Overall case time is the time between when the emergency call is received by NStJA to when the ambulance arrives back at the station, (or is tasked to another emergency. The table below shows this median case time in minutes and seconds.

Table 13: Median case times, by priority, Q4 2024.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5, P6
Urgency:	**Critical**	**Urgent**	**Urgent**	**Non-urgent**
NCD	1 hr 11 mins	1 hr 4 mins	1 hr 10 mins	2 hrs 1 min
Central	1 hr 8 mins	2 hrs 52 mins	2 hrs 33 mins	5 hrs 19 mins
Morobe	1 hr	57 mins	1 hr 4 mins	1 hr 52 mins
East New Britain	-	1 hr 47 mins	1 hr 32 mins	3 hrs 30 mins
National Median	**1 hr 7 mins**	**1 hr 9 mins**	**1 hr 14 mins**	**2 hrs 33 mins**

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

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



Vehicle Metrics (National Level)

The 4WD ambulances have the highest distance travelled and fuel consumption, suggesting heavy usage, mainly in challenging terrains. 2WD ambulances are more fuel-efficient, covering a significant distance with much lower fuel consumption. Specialist ambulances are used the least, mainly for critical care cases. Overall, the vehicles travelled 490,466 km, consuming 67,762 liters of fuel.

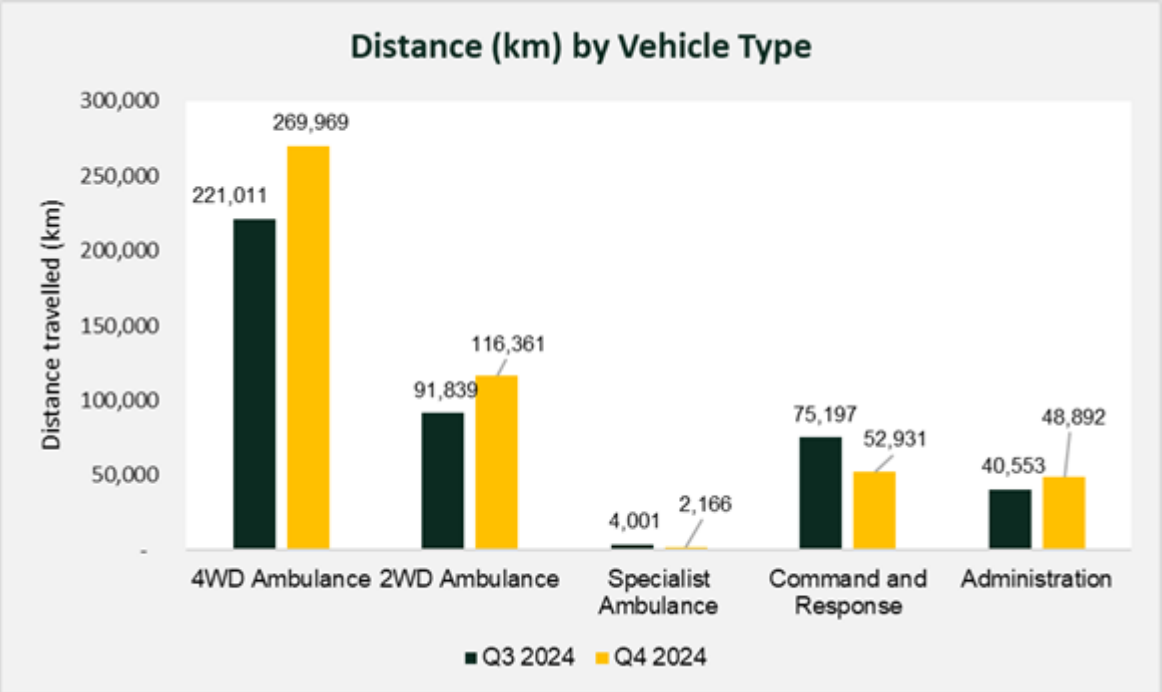
Distance Travelled by Road

The table below show distance covered in km for Q4 2024 compared with Q3 2024, by quarter.

Table 14: Distance covered in kilometres by quarter, Q4 2024 vs Q3 2024

Vehicle Class	Q3 2024	Q4 2024	Change
4WD Ambulance	221,011	269,969	48,958
2WD Ambulance	91,839	116,361	24,522
Specialist Ambulance	4,001	2,166	-1,835
Command and Response	75,197	52,931	-22,265
Administration	40,553	48,892	8,339
Total distance travelled (km)	**432,601**	**490,319**	**-57,719**

Figure 10: Distance travelled by vehicle type (km), Q4 2024 vs Q3 2024.



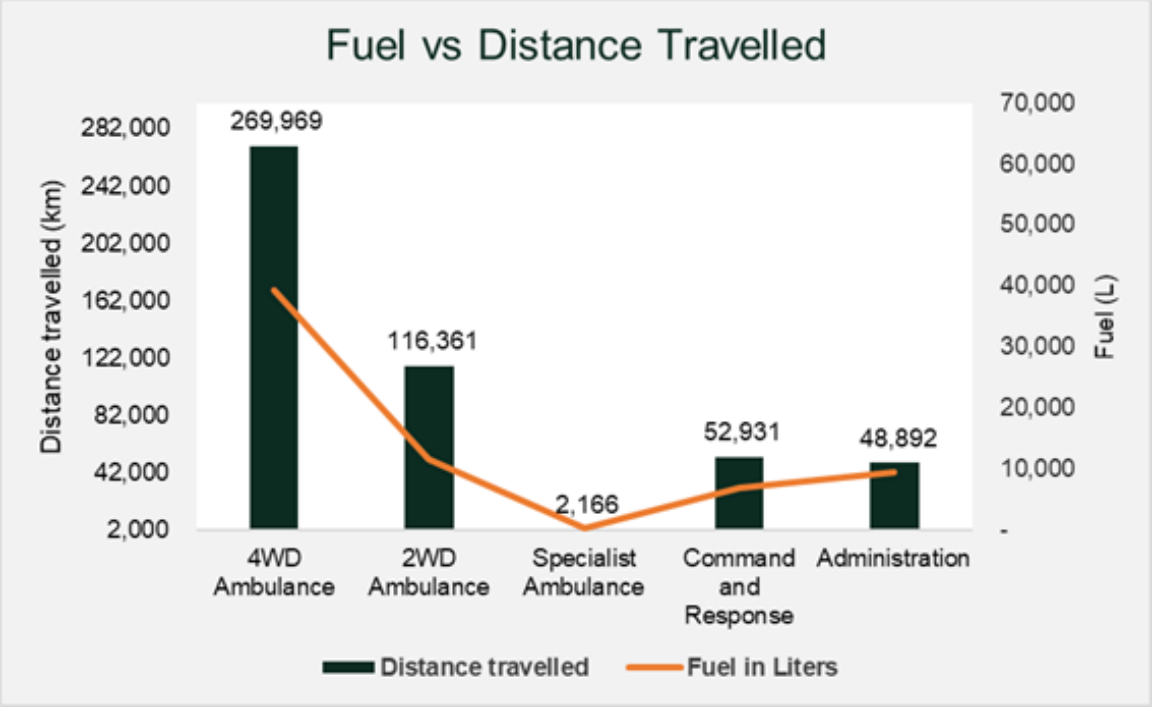
Fuel Consumption by Road

The table and chart below show fuel consumption in litres for Q4 2024 compared to Q3 2024, and fuel versus distance travelled, by quarter, for quarter four.

Table 15: Amount of fuel in litres consumed by quarter, Q4 2024 vs Q3 2024

Vehicle Class	Q3 2024	Q4 2024	Change
4WD Ambulance	35,211	39,342	4,130
2WD Ambulance	13,611	11,649	-1,962
Specialist Ambulance	748	371	-377
Command and Response	5,456	6,934	1,478
Administration	9,111	9,467	356
Fuel used (L)	**64,136**	**67,762**	**3,626**

Figure 11: Fuel used vs distance travelled, by quarter, Q4 2024



Reporting by **Province**

National Capital District

Incidents by Electorate

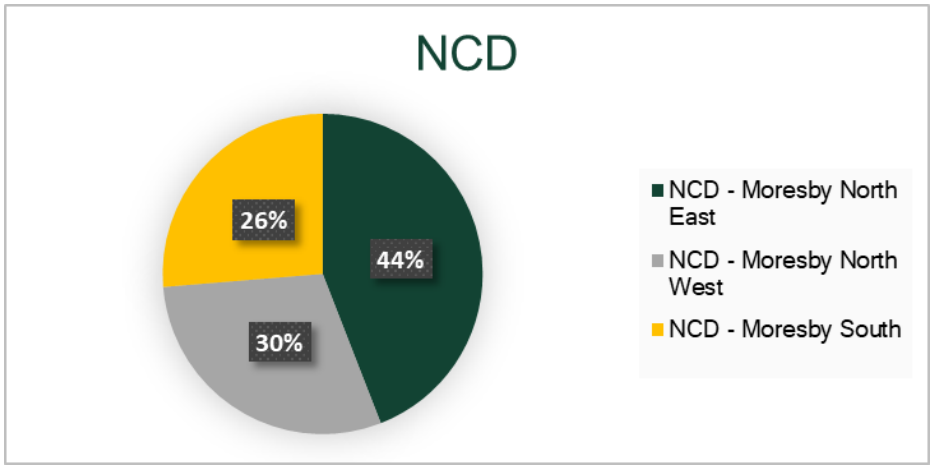
There has been an overall 2% decrease in NCD incidents. This decline is particularly notable in Moresby South, which recorded a 9% reduction. Several factors may have contributed to this trend, including a limited availability of vehicles to respond to emergencies, potentially resulting in fewer reported cases. Additionally, the reduction may signify the positive impact of enhanced community health initiatives and the effectiveness of public awareness campaigns.

Table 16: Incidents by electorate, NCD, Q4 2024.

Electorate	Q3 2024	Q4 2024	% of total	Change	
				Number	%
NCD - Moresby North East	1,804	1,817	44%	13	1%
NCD - Moresby North West	1,205	1,221	30%	16	1%
NCD - Moresby South	1,189	1,084	26%	-105	-9%
Total incidents	**4,198**	**4,121**	**100%**	**-77**	**-2%**

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

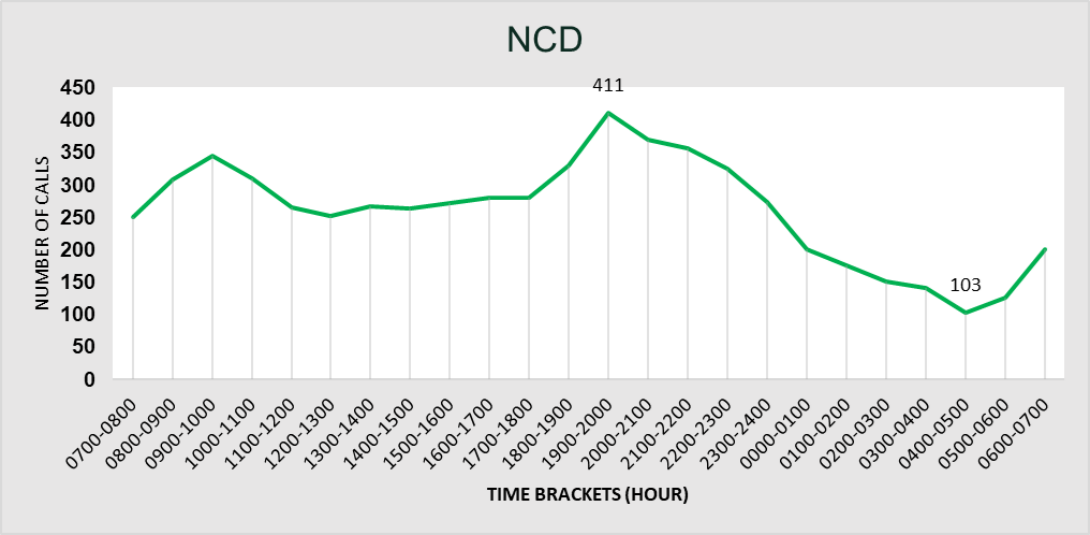
Figure 12: Share of incidents by electorate, NCD, Q4 2024



Peak Call Periods

We keep track of the times at which calls for help are received. For NCD, the highest number of calls occurred between **19:00 -20:00** hours, while the least number of calls occurred between **04:00 – 05:00** hours.

Figure 13: Number of calls per hour, NCD, Q4 2024



Distance Travelled by Vehicle Type

Table 17: Distance travelled by vehicle type (km), NCD, Q4 2024 vs Q3 2024

Vehicle Class	Q3 2024	Q4 2024	Change
4WD ambulance	87,340	130,271	42,931
2WD ambulance	89,735	109,108	19,373
Specialist Ambulance	4,001	2,166	-1,835
Command And Response	65,649	34,923	-30,725
Administration	40,553	48,892	8,339
Distance travelled (km)	**289,278**	**325,360**	**38,083**

Central Province

Incidents by Electorate

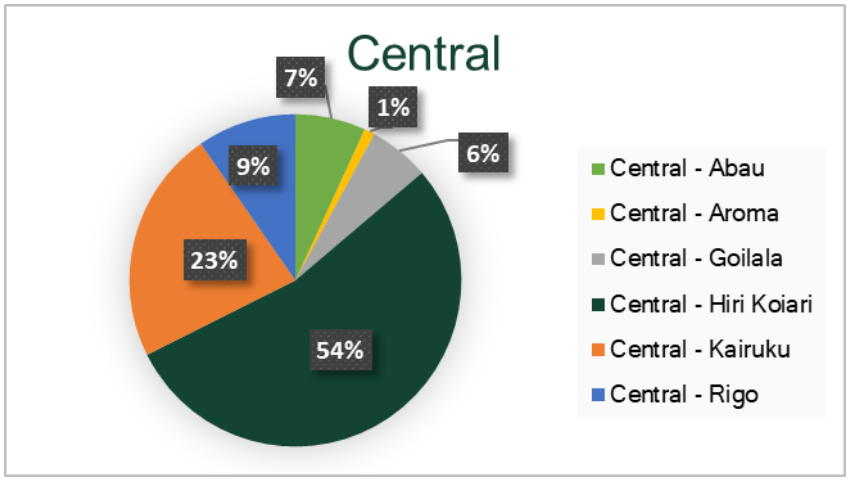
In Central Province, the Hiri-Koiari district, being the largest district in the province, accounted for the majority of incidents, 54% of the total this quarter. This significant percentage highlights the escalating demand for ambulance services in Hiri-Koiari, indicating a need for enhanced resources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

Table 18: Incidents by electorate, Central, Q4 2024

Electorate	Q3 2024	Q4 2024	% of total	Change	
				Number	%
Central - Abau	12	**86**	7%	74	+617%
Central - Aroma	11	**13**	1%	2	18%
Central - Goilala	64	**74**	6%	10	16%
Central - Hiri Koiari	816	**674**	54%	-142	-17%
Central - Kairuku	345	**285**	23%	-60	-17%
Central - Rigo	116	**121**	10%	5	4%
Total incidents	**1,365**	**1,254**	**100%**	**-111**	**-8%**

Figure 12 shows the split of incidents by electorate.

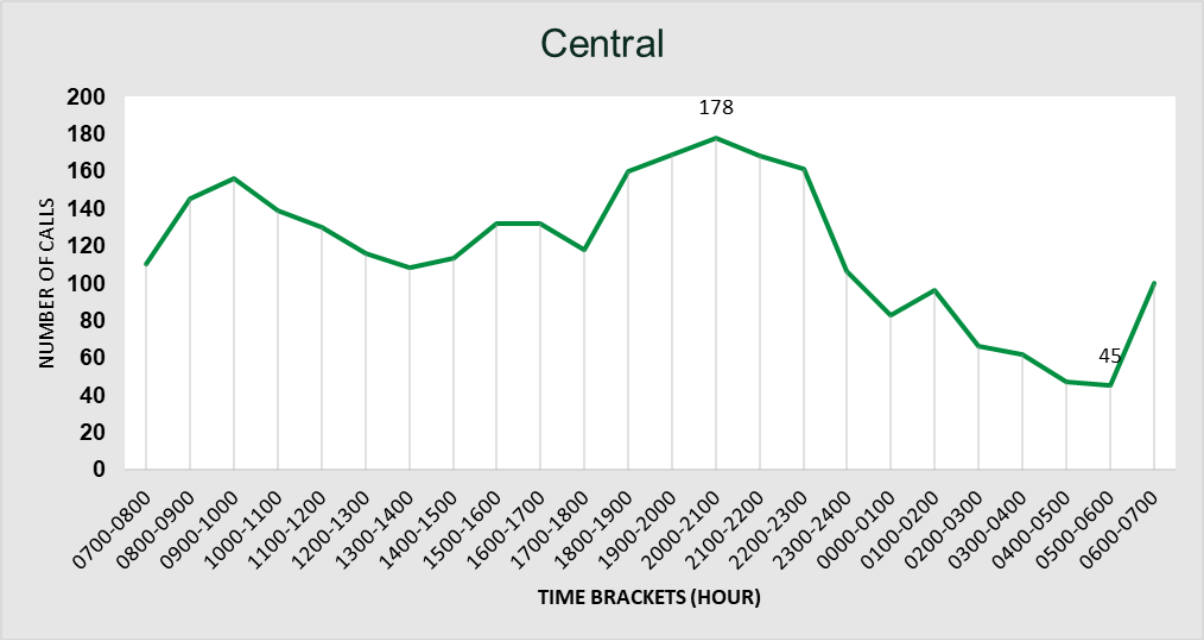
Figure 14: Share of incidents by electorate, Central, Q4, 2024



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 **20:00 – 21:00** hours, and the least number of calls are received between **05:00 – 06:00** hours during the quarter.

Figure 15: Number of calls per hour, Central, Q4, 2024



Distance Travelled by Vehicle Type

The distance travelled by vehicle type increased by 21% since last quarter in spite of the decrease in the number of patients attended to.

Table 19: Distance travelled by vehicle type (km), Central, Q4 2024 vs Q3 2024

Vehicle Class	Q3 2024	Q4 2024	Change
4WD ambulance	43,750	52,850	9,100
Distance travelled (km)	**43,750**	**52,850**	**9,100**

East New Britain

Incidents by Electorate

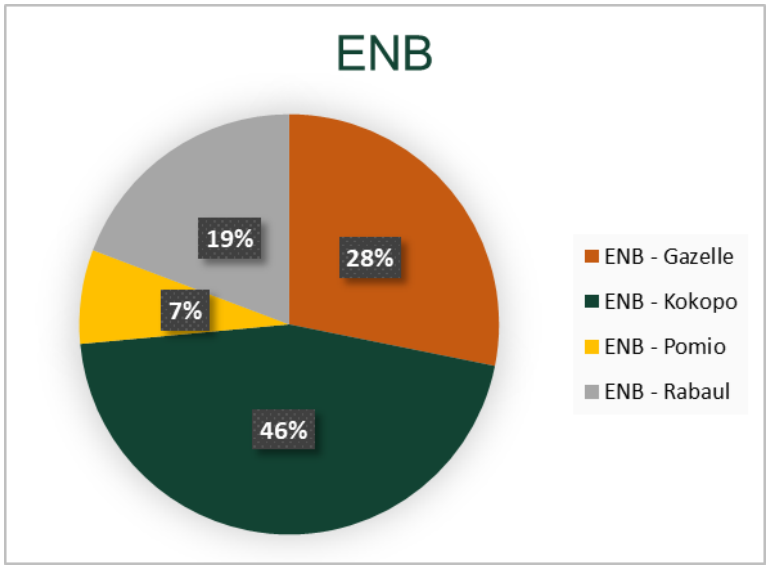
In this quarter, Kokopo and Gazelle in East New Britain together represented 73% of all reported incidents. Overall, the data shows incidents in East New Britain (ENB) increased by 5% from Q3 to Q4 of 2024, increasing slightly by 37 incidents.

Table 20: Incidents by electorate, ENB, Q4 2024

Electorate	Q3 2024	Q4 2024	% of total	Change	
				Number	%
ENB - Gazelle	165	218	28%	53	32%
ENB - Kokopo	165	351	45%	186	113%
ENB - Pomio	8	56	7%	48	600%
ENB - Rabaul	121	149	19%	28	23%
Total incidents	**737**	**774**	**100%**	**37**	**5%**

Figure 14 shows the split of incidents by electorate.

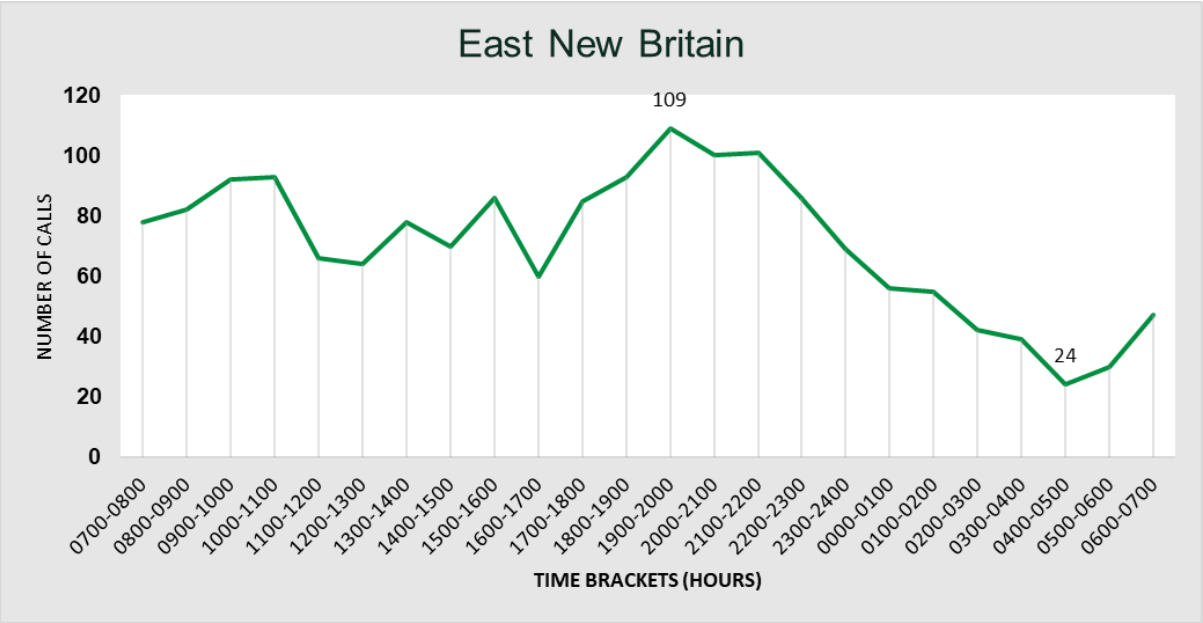
Figure 16: Share of incidents by electorate, ENB, Q4, 2024



Peak Call Periods

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

Figure 17: Number of calls per hour, ENB, Q4, 2024



Distance Travelled by Vehicle Type

Table 21: Distance travelled by vehicle type (km), ENB, Q4 2024 vs Q3 2024

Vehicle Class	Q3 2024	Q4 2024	Change
4WD ambulance	40,419	48,891	8,472
2WD ambulance	2,104	1,748	-356
Command and Response	831	1,156	325
Distance travelled (km)	**43,354**	**51,795**	**8,441**

Lae City & Morobe Province

Incidents by Electorate

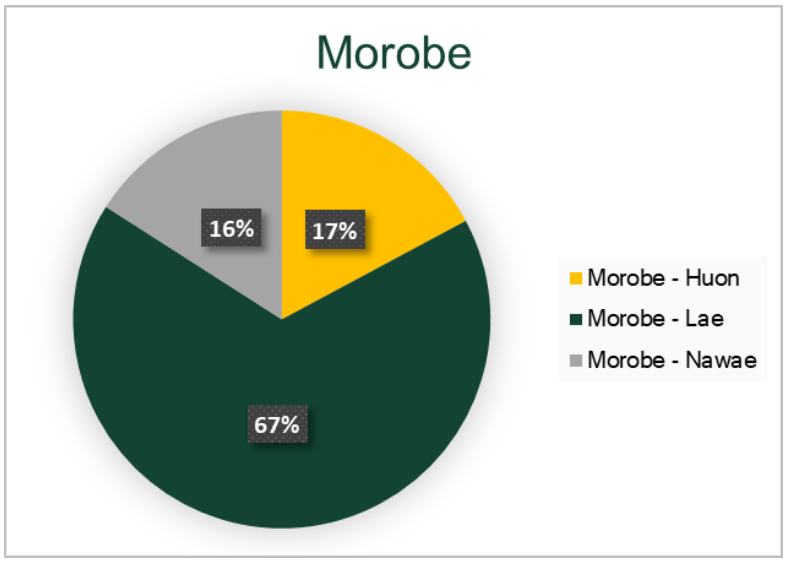
In Morobe, Lae City accounted for the highest proportion of incidents, representing 67% of the total among electorates. Overall, the data indicates a 2% increase in incidents across Morobe electorates from Q3 to Q4 of 2024, reflecting a slight increase in reported incidents during this period.

Table 22: Incidents by electorate, Morobe, Q4 2024

Electorate	Q3 2024	Q4 2024	% of total	Change	
				Number	%
Morobe - Huon	448	500	17%	52	12%
Morobe - Lae	1,304	1,946	67%	642	49%
Morobe - Nawae	534	464	16%	-70	-13%
Total incidents	**2,860**	**2,910**	**100%**	**50**	**2%**

Figure 16 shows the split of incidents by electorate.

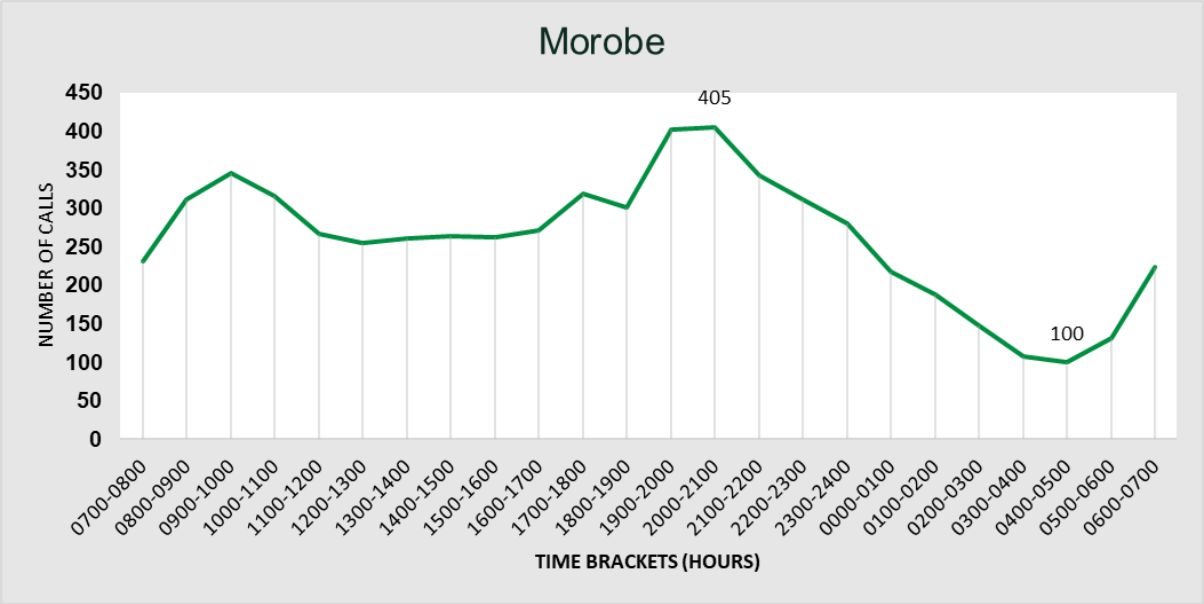
Figure 18: Share of incidents by electorate, Morobe, Q4 2024



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 19: Average calls per hour, Morobe, Q4 2024



Distance Travelled by Vehicle Type

The table below shows an increase in distance travelled overall since the last quarter.

Table 23: Distance travelled by vehicle type (km), Morobe, Q4 2024 vs Q3 2024

Vehicle Class	Q3 2024	Q4 2024	Change
4WD ambulance	49,502	**37,957**	-11,545
2WD ambulance	-	**5,505**	5,505
Command And Response	8,717	**16,852**	8,135
Total distance travelled (km)	**58,219**	**60,314**	**2,095**

Service Fees

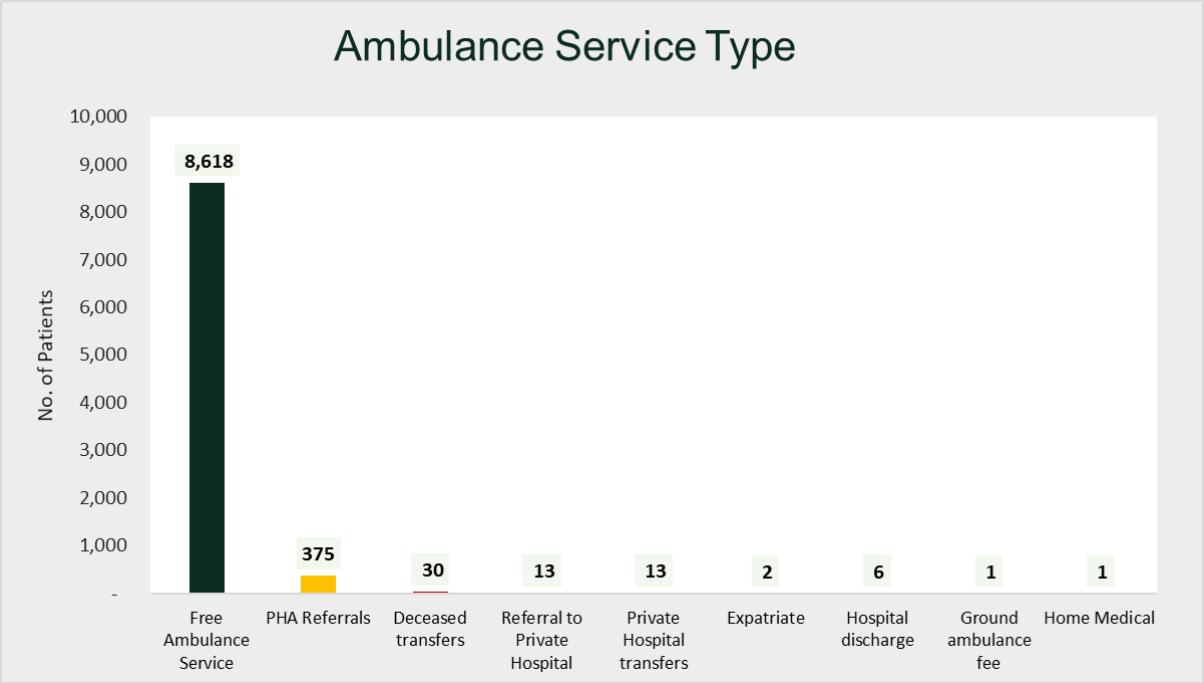
Public / private patients

8,618 incidents were responded to without any patient fee.

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 500.

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 20: Number of patients treated, by billing category, Q4 2024.



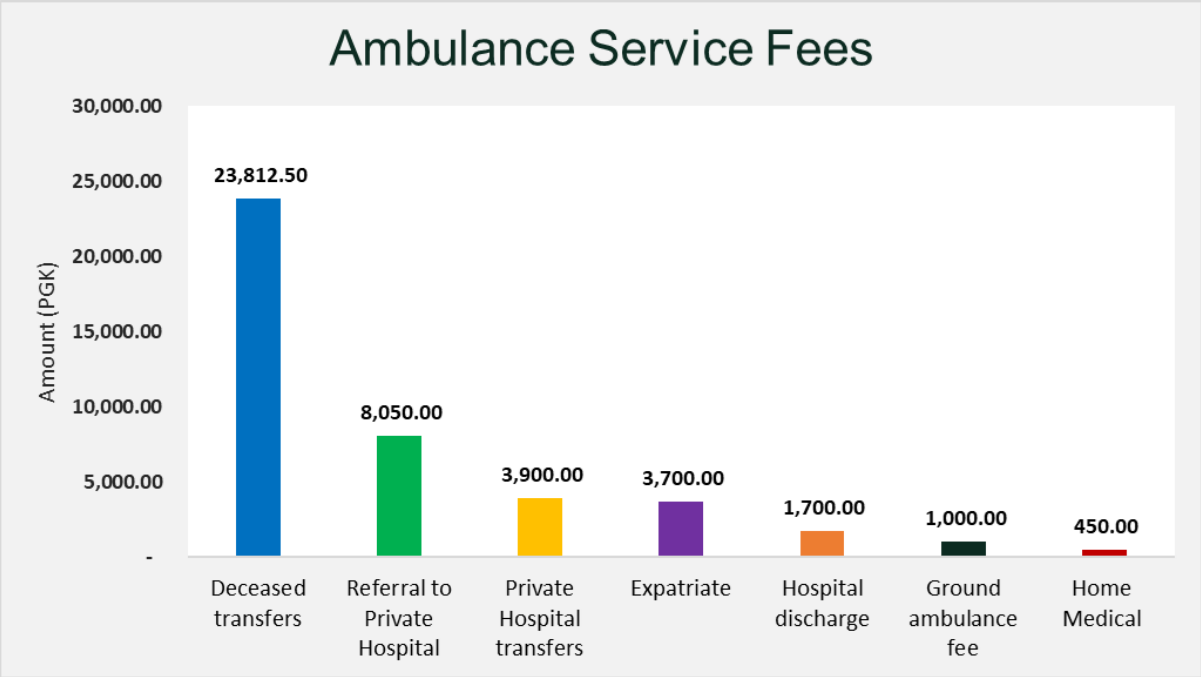
Private Patient Fees

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 42,612.00**. These fees helped subsidise the free public ambulance service.

Figure 21: Ambulance service fees by category, Q4 2024



The table below shows ambulance service fees for Q4 2024 compared to the previous quarter.

Table 24: Ambulance fees, PGK, Q4 2024 vs Q3 2024

Form of Payment	Q3 2024	Q4 2024
Cash	-	-
EFTPOS	4,250.00	42,612.50
Cheque/Internet transfer	15,300.00	-
Total (PGK)	**19,550.00**	**42,612.00**

National Aeromedical Retrieval Service

NStJA provides aeromedical services for patients across Papua New Guinea. NStJA has specialist 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.

Fixed-Wing Missions

Fixed wing missions and flight hours

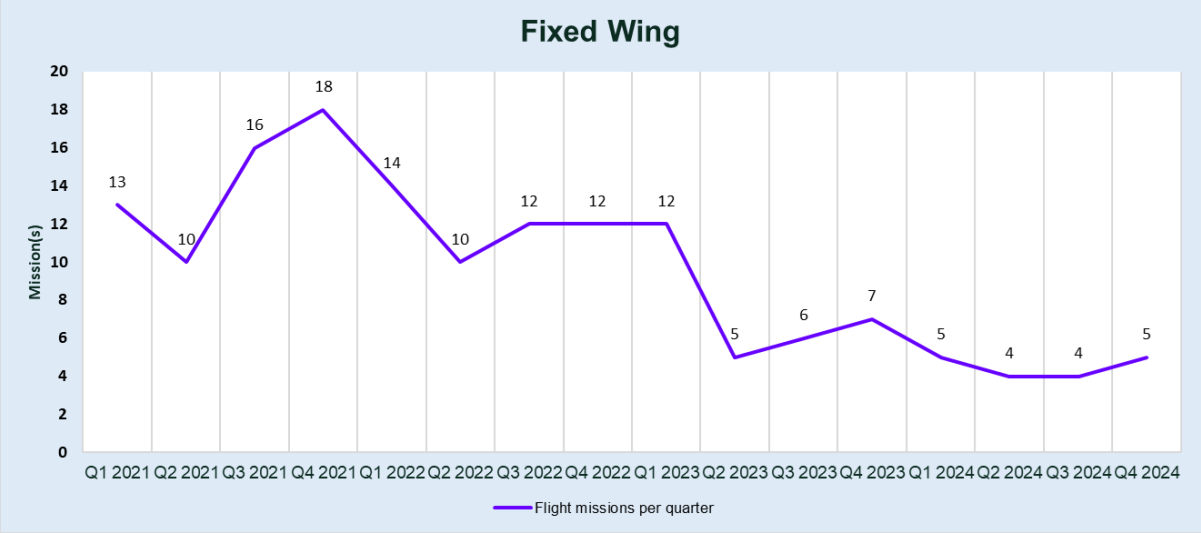
NStJA coordinated five (5) fixed-wing missions this quarter.

Table 25: Fixed-wing missions, Q4 2024 vs Q3 2024

Fixed-wing	Q3 2024	Q4 2024	YTD Total (missions)
Southern	0	0	3
Momase	1	1	4
NGI	0	2	4
Highlands	2	2	5
Australia	0	0	1
International (other)	1	0	1
Total missions	**4**	**5**	**18**

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

Figure 22: Fixed wing missions by quarter, Q1 2021 onwards



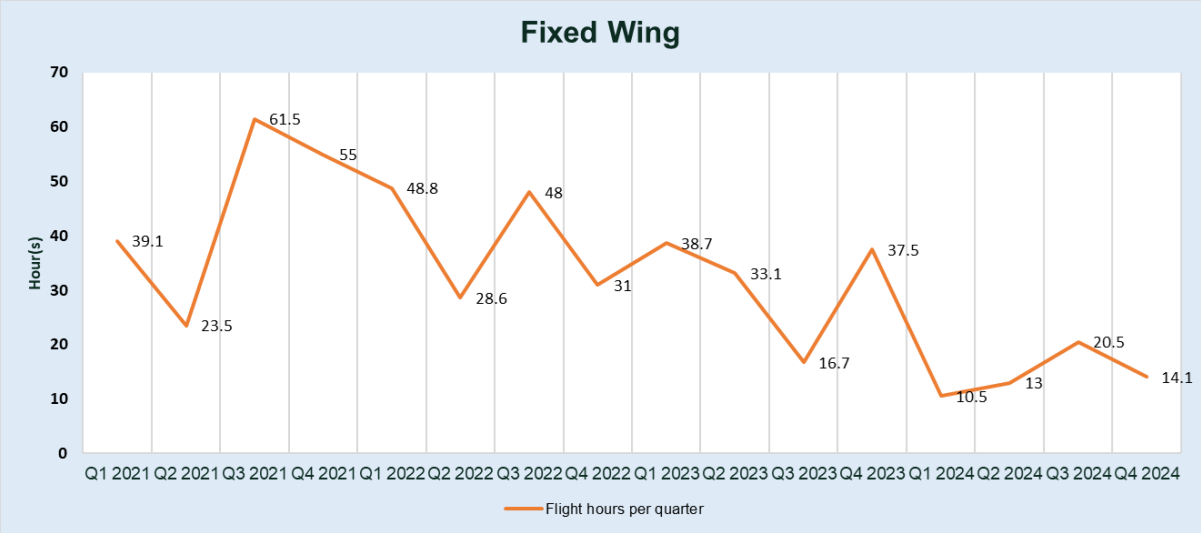
The total hours flown by fixed-wing aircraft to provide care during this year are shown below.

Table 26: Fixed-wing flight hours, Q4 2024 vs Q3 2024

Fixed wing	Q3 2024	Q4 2024	YTD total (hours)
Southern	-	-	7.1
Momase	2	2	10.9
NGI	-	8.5	15.5
Highlands	5.5	5.6	12.6
Australia	-	-	3
International (other)	13	-	13
Total hours	**20.5**	**14.1**	**60.1**

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

Figure 23: Fixed-wing flight hours by quarter, Q1 2021 onwards



Helicopter Missions

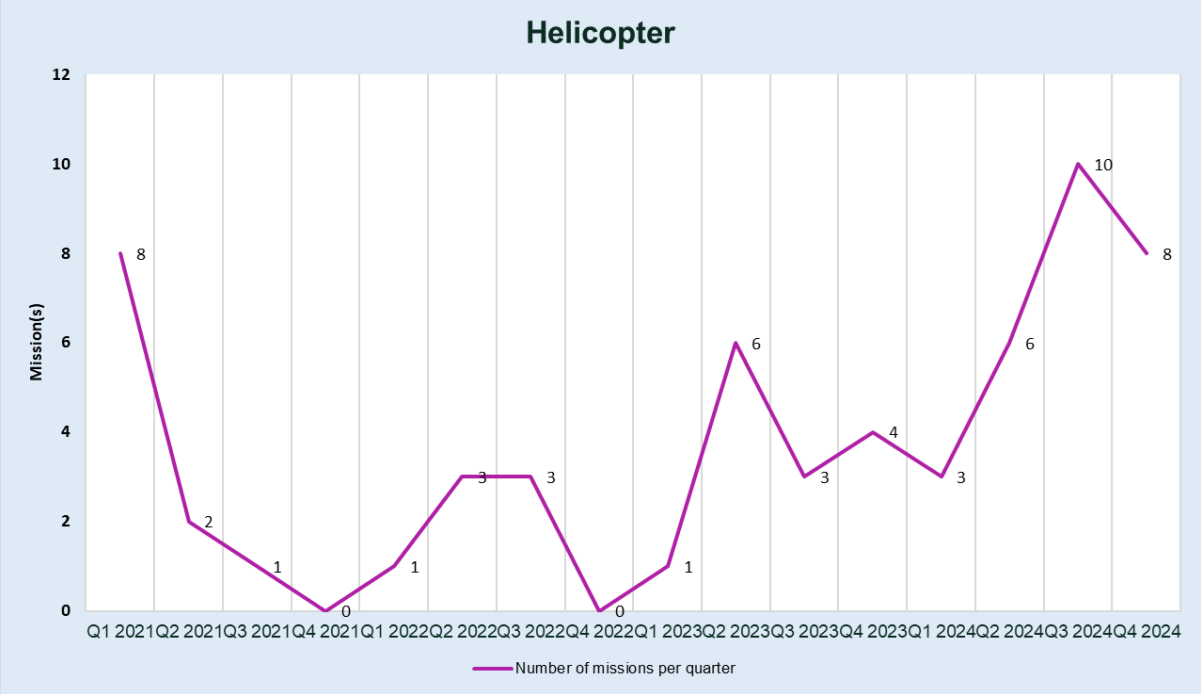
NStJA oversaw 8 helicopter missions this quarter.

Table 27: Helicopter missions, Q4 2024 vs Q3 2024

Helicopter	Q3 2024	Q4 2024	YTD Total (missions)
Southern	6	8	23
Momase	1	-	1
NGI	-	-	-
Highlands	2	-	2
International	1	-	1
Total hours	**10**	**8**	**27**

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

Figure 24: Helicopter missions by quarter, Q1 2021 onwards



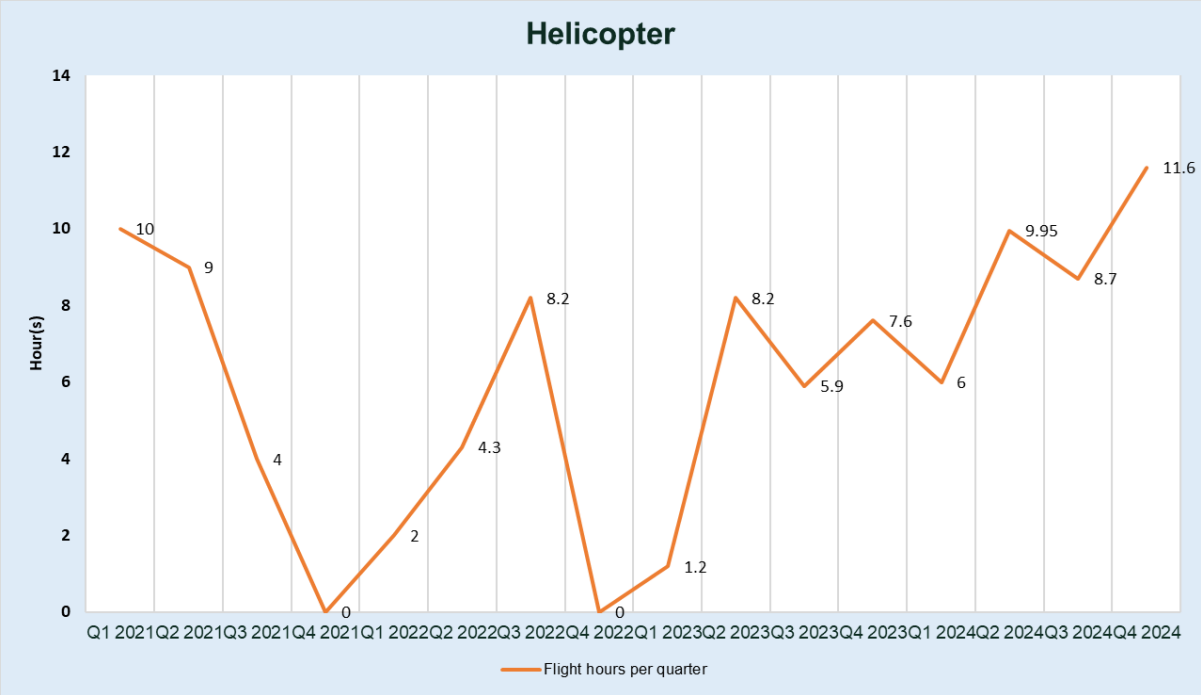
The total hours flown by helicopter to provide care during this year are shown below.

Table 28: Helicopter flight hours, Q4 2024 vs Q3 2024

Helicopter	Q3 2024	Q4 2024	YTD Total (hours)
Southern	8.7	11.6	36.25
Momase	-	-	-
NGI	-	-	-
Highlands	-	-	-
International	-	-	-
Total hours	**8.7**	**11.6**	**36.25**

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

Figure 25: Helicopter flight hours by quarter, Q1 2021 onwards



Key Performance Indicators

Ambulance Operations Centre 111

Area	Target	Indicator Source	Q4 Indicator
Call Answering Time	Calls to 111 are answered by the call-taker within 10 seconds on average	PABX call-logs	12 seconds
Dispatch Time (NCD & Lae)	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 11 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
Caller Satisfaction	≥ 90% of the callers' report that the 111 call-taker was helpful	NStJA Patient Experience Survey	96% caller satisfaction

Ambulance Service Key Performance Measures

Area	Target	Indicator source	Qtr 4 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 12 minutes 26 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 25 minutes 06 seconds
Patient Satisfaction	≥ 90% of patients report being satisfied or very satisfied with NStJA's service	NStJA Patient Experience Survey	96% 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

100 high school students completed the Sir Brian Bell Foundation First Aid In Schools program.

Province	School Name	Days of training	Students Completed
NCD	Kaugere Upper High School	1	100
Total		**1**	**100 students**

Community First Aid & Ambulance Awareness (CFAAA)

1,040 community members were given free first aid training.

Province	School Name	Students Completed
NCD	Holy Rosary Primary	240
NCD	St Pauls Primary	250
NCD	Goldie River Primary	50
NCD	Wardstrip Primary	500
Total		**1,040 people**

Hospital Staff Emergency Life Support Training

39 Health Workers were trained in emergency life support.

Province	Location	Days of training	Students Completed	Student satisfaction score (average)
Central	Agevairu Health Centre	1	19	100%
Central	Inauaia Health Centre	1	20	100%
Total		**2**	**39**	

INTERNAL REPORTING ONLY

Workplace First Aid Training

Training conducted by National St John Ambulance during the quarter.

Trainer	Number courses	Number students	Student satisfaction score (average)
Nelson Mare	4 courses	170	97.90%
Elvis Saitere	4 courses	89	98.82%
Robert Kamara	3 courses	197	97.84%
Sharon Wabiyawi	2 courses	138	98.23%
Bobby Kakare	2 courses	129	98.14%
Total	**15**	**723**	**98.19%**

Province: NCD

Course	Students Completed	Student satisfaction score (average)
CPR	53	96.98%
Essential First Aid	326	98.09%
Senior First Aid	16	96.25%
Advanced First Aid	31	96.13%
Advanced CPR / BLS	-	-
Remote Area First Aid	-	-
Low Voltage Rescue	-	-
Caring for Kids	-	-
Total	**426**	**96.86%**

Province: Bougainville

Course	Students Completed	Student satisfaction score (average)
CPR	-	
Essential First Aid	17	95.29%
Senior First Aid	3	100%
Advanced First Aid	8	100%
Advanced CPR / BLS	-	-
Remote Area First Aid	-	-
Low Voltage Rescue	-	-
Caring for Kids	-	-
Total	**28**	**98.43%**

Province: Morobe & Eastern Highlands

Course	Students Completed	Student satisfaction score (average)
CPR	14	98.57%
Essential First Aid	80	99%
Senior First Aid	-	
Advanced First Aid	-	
Advanced CPR / BLS	-	
Remote Area First Aid	-	
Mental Health First Aid	-	
Caring for Kids	-	
Total	**94**	**98.79%**

Province: Enga & Southern Highlands

Course	Students Completed	Student satisfaction score (average)
CPR	-	
Essential First Aid	118	97.80%
Senior First Aid	-	
Advanced First Aid	10	100%
Advanced CPR / BLS	-	
Remote Area First Aid	-	
Mental Health First Aid	-	
Caring for Kids	-	
Total	**128**	**99.40%**

Province: East Sepik & Western province

Course	Students Completed	Student satisfaction score (average)
CPR	7	100%
Essential First Aid	24	98.9%
Senior First Aid	13	100%
Advanced First Aid	3	100%
Advanced CPR / BLS	-	
Remote Area First Aid	-	
Mental Health First Aid	-	
Caring for Kids	-	
Total	**47**	**99.70%**

Affiliated Training Partners

Training conducted by St John Ambulance Accredited Affiliated Training Partners.

Partner: OK TEDI MINE

Course	Students Completed	Student satisfaction score (average)
CPR	19	95.76%
Emergency First Aid	18	98.89%
Provide/Senior First Aid	72	98.4%
Low Voltage Rescue (LVR)	61	96.96%
Total	**170**	**97.50%**

- Trained by NStJA Trainers - 723
- Affiliated Training Partner (OK Tedi) = 170
- Total students Trained in Q4 = **893**

First Aid Kit Sales

Province		AED	First Aid Kits	Total Revenue (PGK)	Gross Profit (PGK)
NCD	Oct-24	K4, 348.00	K24, 037.70	K28, 385.70	K18, 621.25
	Nov-24	K45, 959.00	K56, 584.00	K102, 543.00	K44, 954.00
	Dec-24	K10, 494.40	K34, 341.16	K44, 835.56	K16, 750.12
Total for Qtr 4		**K60, 801.40**	**K114, 962.86**	**K175, 764.26**	**K80,325.37**

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)
- Metoreia (NCD)
- Bereina (Central)
- Kupiano (Central)
- Kuriva (Central)
- Lae (Morobe)
- Kokopo (East New Britain)
- Unggai-Benna District (EHP) – opening in 2025
- Kerema (Gulf) – opening in 2025

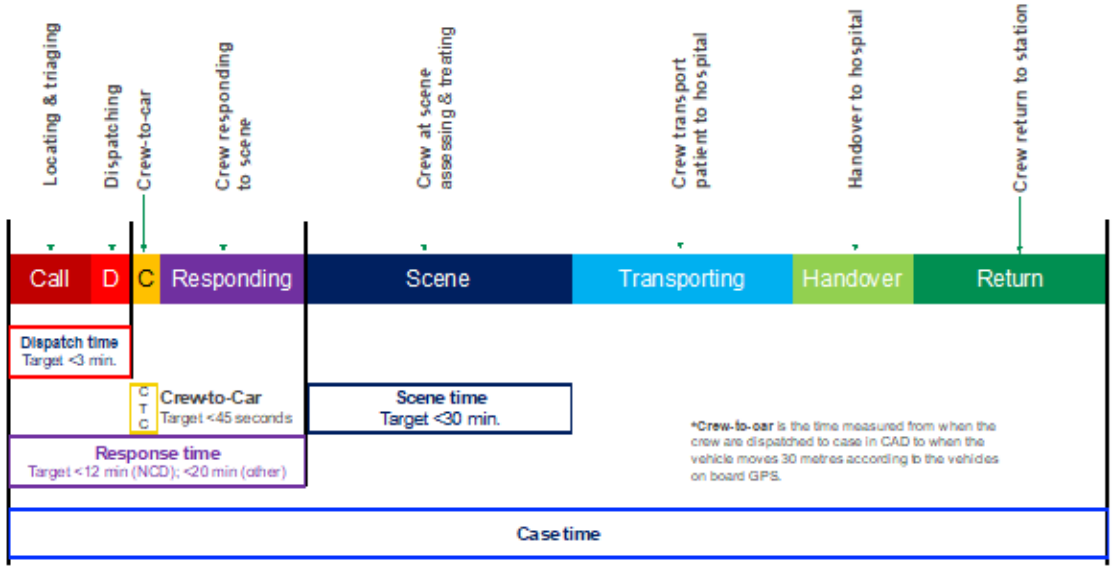
Definitions & Terminology

Terminology

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

Term	Definition	Comment
Incident	An event that results in a demand for ambulance resources to respond.	Incidents are logged in CAD as a case. Incidents are measured using CAD data.
Response	An ambulance response is a vehicle sent to an incident.	There may be multiple responses to one incident if several units are dispatched to a single incident
Patient	A patient is someone assessed, treated, or transported by the ambulance service.	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 NStJA's eMR system.

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 *e.g., cardiac arrest, ineffective breathing*	**Immediate** Highest priority response. Closest ambulances to respond.	Yes	Minimum 3, preferably 4	Within 12 minutes (Ideally < 8 minutes)
1B	Potentially life-threatening problem *e.g., unconscious*	**Immediate** High priority	Yes	1 – 2	Within 15 minutes
1C	Possible life-threatening emergency *e.g., breathing problem or chest injury, or serious bleeding*	**Priority**	Yes	1 - 2	Within 15 minutes
2A	Unlikely threat to life. *e.g., abdominal pain*	Urgent	No	1	Within 30 minutes
2B	No threat to life *e.g., unwell for days, limb injury*	Mobilise when sufficient resources available	No	1	Within 60 minutes
3	Medical response requested by a doctor or nurse. often referral case	Within requested timeframe	No	1	Usually within 90 minutes
4-9	Non-emergency	Routine transport	No	1	-

Papua New Guinea
Since 1957

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