



## **Ambulance Service Papua New Guinea**



# Ambulance Service

THIRD QUARTER

01 JULY – 30 SEPTEMBER 2022

Published 30 November 2022, Port Moresby

### **This Report is for Q3, 2022**

This document reports the activity of St John's ambulance service for the period of 01 July 2022 until 30 September 2022. Activities are described by their clinical, demography and geographical characteristics in NCD, Central, East New Britain, Morobe and Simbu provinces.

## Summary of this quarter

Incidents	SPLY	Last quarter	This quarter	% increase/decrease
Incidents responded to	3,259	5,241	5,789	10%+
Distance travelled (kilometres)	-	221,962.6	273,962.6	23%+

Response times	Priority 1A	Priority 1B & 1C	All other cases
Dispatch time (median)	2 mins 40 secs	6 mins 29 secs	12 mins 44 secs
Crew to car time (average)	3 mins 56 secs	4 mins 47 secs	10 mins 13 secs
Response time (median)	22 mins 15 secs	41 mins 31 secs	45 mins 52 secs
Scene time (average)	39 mins 3 secs	18 mins 37 secs	16 mins 56 secs
Overall Incident time (average)	113 mins 23 secs	122 mins 6 secs	153 mins 54secs

# Background Information

## Background and history of Papua New Guinea St John Ambulance

The Papua New Guinea St John Ambulance provides the majority of first response to medical emergencies in Papua New Guinea (PNG).

St John is a trusted Papua New Guinean civil protection charity that has operated as an independent non-government statutory body since 1976. St John Ambulance is engaged by the National Department of Health (NDOH) under a Memorandum of Agreement (MOA) to provide PNG's primary emergency ambulance services.

In 1983, the NDOH assigned responsibility to St John for operating the emergency ambulance service in PNG's southern region. Since this time St John has been engaged by provincial governments and health authorities to operate ambulance stations in respective provinces.





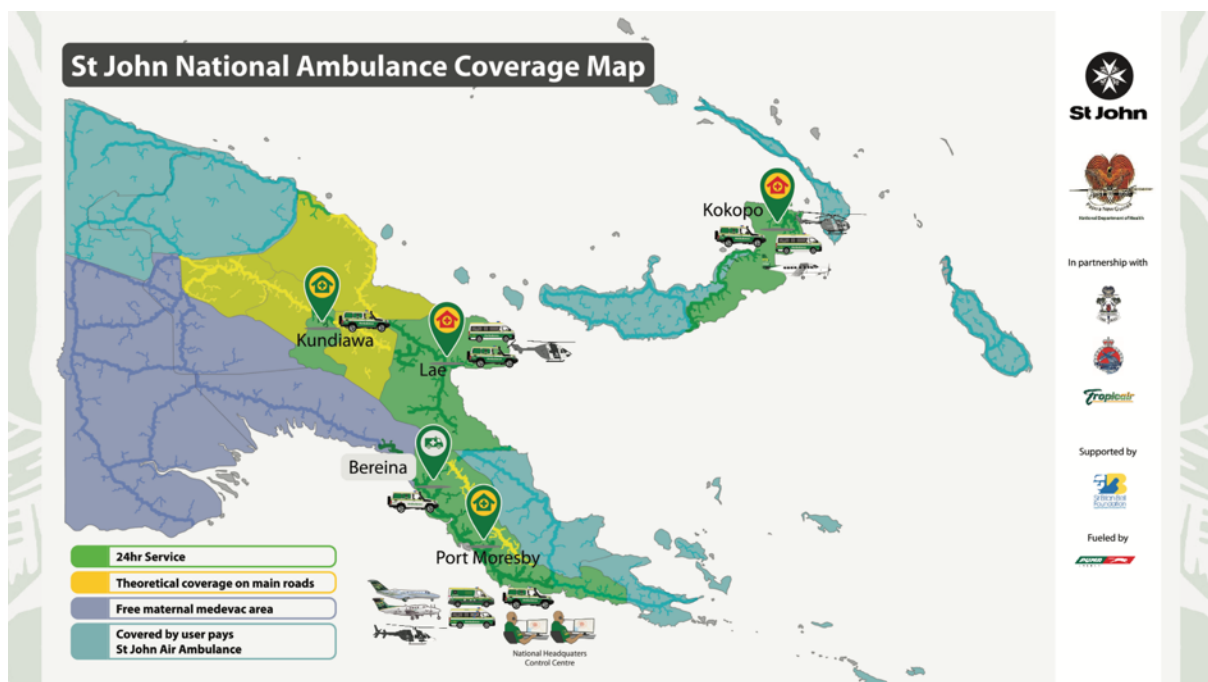
Approved 06 Dec 2022

**M. Cannon**, Chief Executive Officer

## St John Station Locations

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

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





## The Prehospital part of PNG's Emergency Care System

**Emergency care** can potentially address half of deaths and one-third of disability in low-and-middle income countries.

**First Aid** is at the core of out-of-hospital emergency care and is crucial to empower laypersons to preserve life, alleviate suffering and improve emergency response and outcomes. Diango et al, 2022.

**Prehospital care** is the care given to a sick or injured person before they reach the hospital. Prehospital care is an essential component of an effective health system.

The PNG Government supports the St John emergency ambulance service to provide prehospital care services in 30% of Papua New Guinea – that's 6 out of 22 provinces. Plans are under way to expand ambulance service coverage to 45% of PNG by 2024.



The ambulance service is free to all Papua New Guineans using the public health system in an emergency. The ambulance can be summoned by members of the public (as well as medical facilities, other emergency services) via the national ambulance emergency number – 111. This number puts the caller in direct contact with the St John national ambulance control centre (NACC) based in Port Moresby. The control centre will then dispatch suitable ambulance

resources for the situation.

## Prehospital care is essential to good health care

Ambulances are used to get emergency care workers to the sick and injured and transport them to hospital. Sometimes, St John doctors and paramedics use rapid response vehicles to reach critically injured or ill so that advanced medical treatment can be given at the scene, to stabilise and keep the patient alive on the way to hospital.

The PNG St John Ambulance also uses aircraft, and sometimes boats, to access patients in rural and remote areas.

The Ambulance Special Operations Team (SOT) provides medical rescue support to the PNG Fire Service and Royal Papua New Guinea Constabulary.

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



## Why is an emergency ambulance service so important to the health system?

### **Ambulance services can:**

- HALVE the number of women that die from labour, and...
- Reduces death and disability.<sup>1,2</sup>
- Get people prompt treatment for medical, obstetric and paediatric emergencies.
- Improve patient outcomes by taking patients to the right health facility directly.
- Form the main disaster response and management for mass casualty incidents.

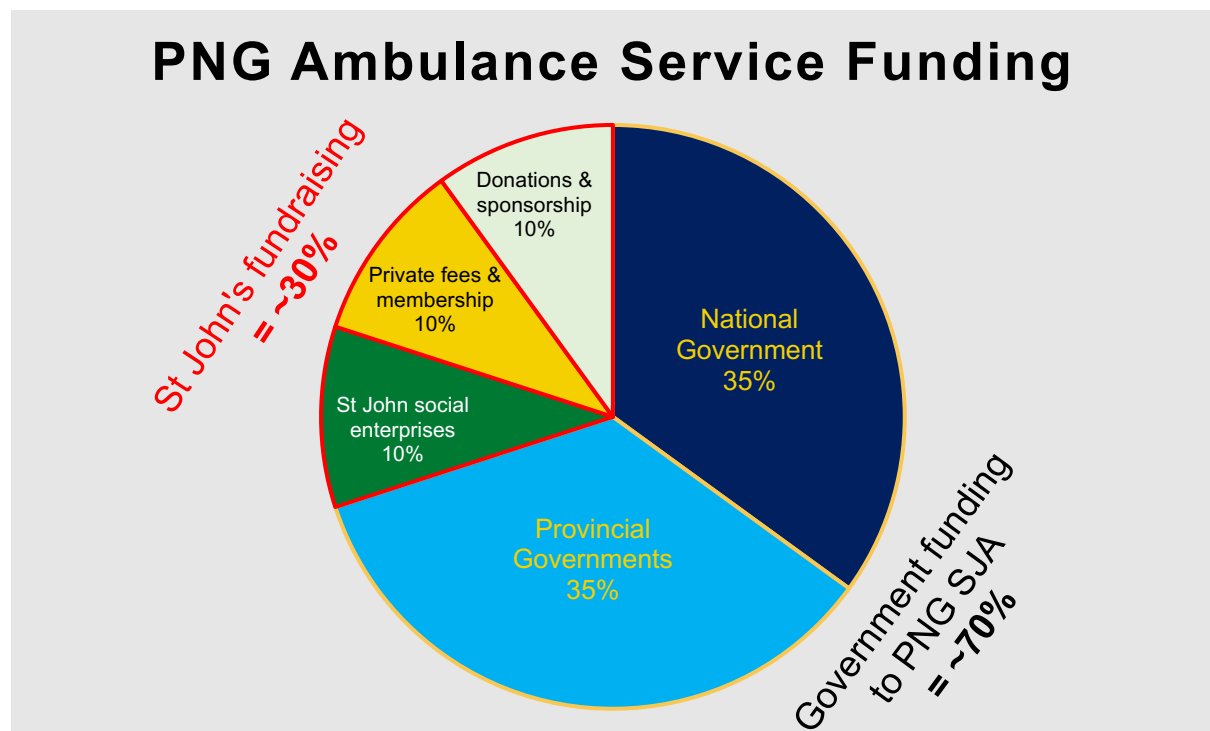
### **A good ambulance system benefits the entire health system.**

- Cost savings to the health authority because when emergency care is given early it reduces the time patients spend in the hospital recovering and reduce the occurrence of disability.
- Reducing the number of patients needing transport to hospital when ambulance registered health professionals give first aid treatment at the scene and refer patients to out-patient services.
- Reduces emergency department crowding (overcrowding is associated with worse patient outcomes and staff burnout.)
- Gets patients to the right hospital quickly - e.g. major trauma patient needing complex emergency surgical care is taken to direct PMGH, not to a clinic or district hospital.
- Decreases hospital admissions and decreases hospital length of stay.

1. Mock CN, Jurkovich GJ, Arreola-Risa C, et al. Trauma mortality patterns in three nations at different economic levels: implications for global trauma system development. *J Trauma Acute Care Surg.* 1998;44:804–14.  
2. Henry JA, Reingold AL. Prehospital trauma systems reduce mortality in developing countries: a systematic review and meta-analysis. *J Trauma Acute Care Surg.* 2012;73:261–8.  
3. Razzak JA, Kellermann AL. Emergency medical care in developing countries: is it worthwhile? *Bull World Health Organ.* 2002;80:900–5.  
4. Harrington DT, Connolly M, Biffi WL, Majercik SD, Cioffi WG. Transfer times to definitive care facilities are too long: a consequence of an immature trauma system. *Ann Surg.* 2005;241(6):961-968. doi:10.1097/01.sla.0000164178.62726.f1  
5. Waseem H, Naseer R, Razzak JA. Establishing a successful pre-hospital emergency service in a developing country: experience from Rescue 1122 service in Pakistan. *Emerg Med J.* 2011;28:513–5.

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



## What makes St John unique in how it delivers value and service to Papua New Guineans?

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

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

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

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



## St John's place in the health care system

St John has followed a similar path to the wider PNG health care system, undergoing gradual centralisation and professionalisation. From the early days of administration and then independence in PNG, a mix of providers offered health care services. This included government, voluntary, church and not-for-profit sectors, including St John. Over the years, government has been challenged to provide ambulance services and has relied upon St John to provide this technical emergency service. St John provides similar ambulance services for government in many other countries, including Australia, United Kingdom, New Zealand.



## Deep partnership with PNG's other emergency services

St John provides one of PNG's designated emergency services, alongside the Royal Papua New Guinea Constabulary and the National Fire Service. St John's collaborative partnerships with these services enables 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



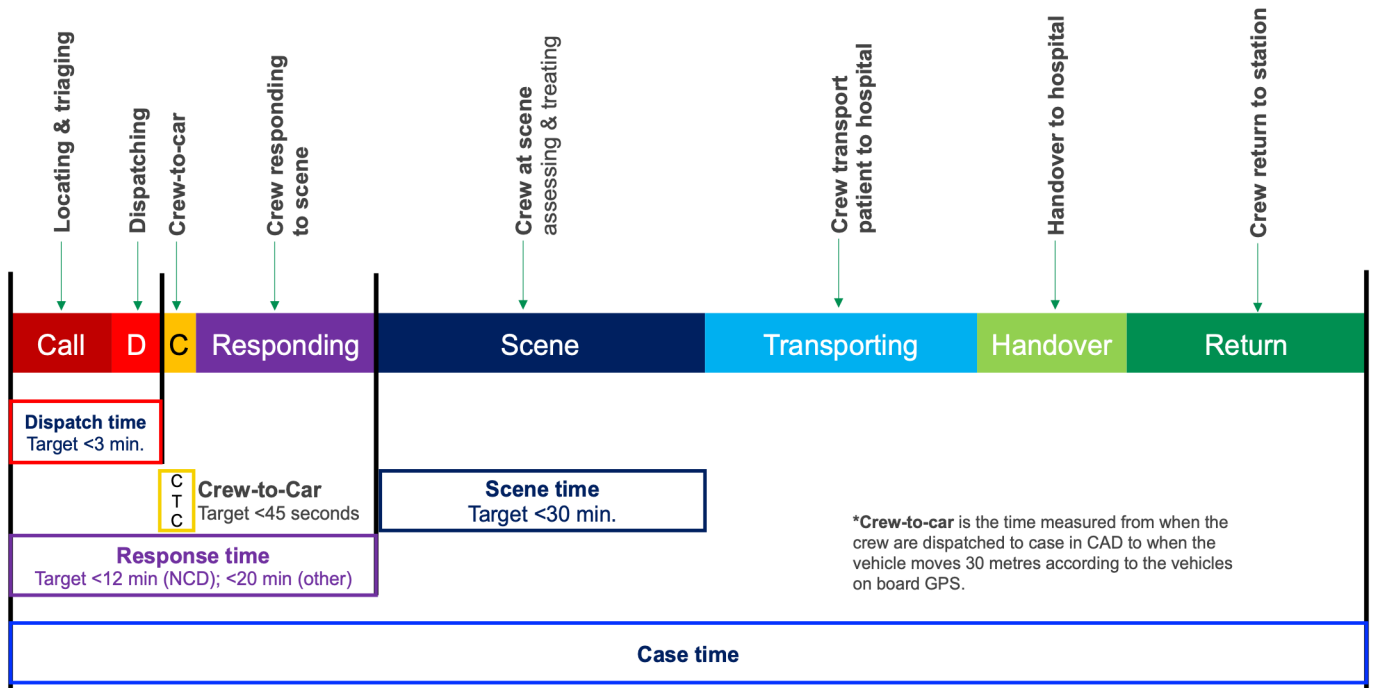
## Terminology

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 St John's eMR system.



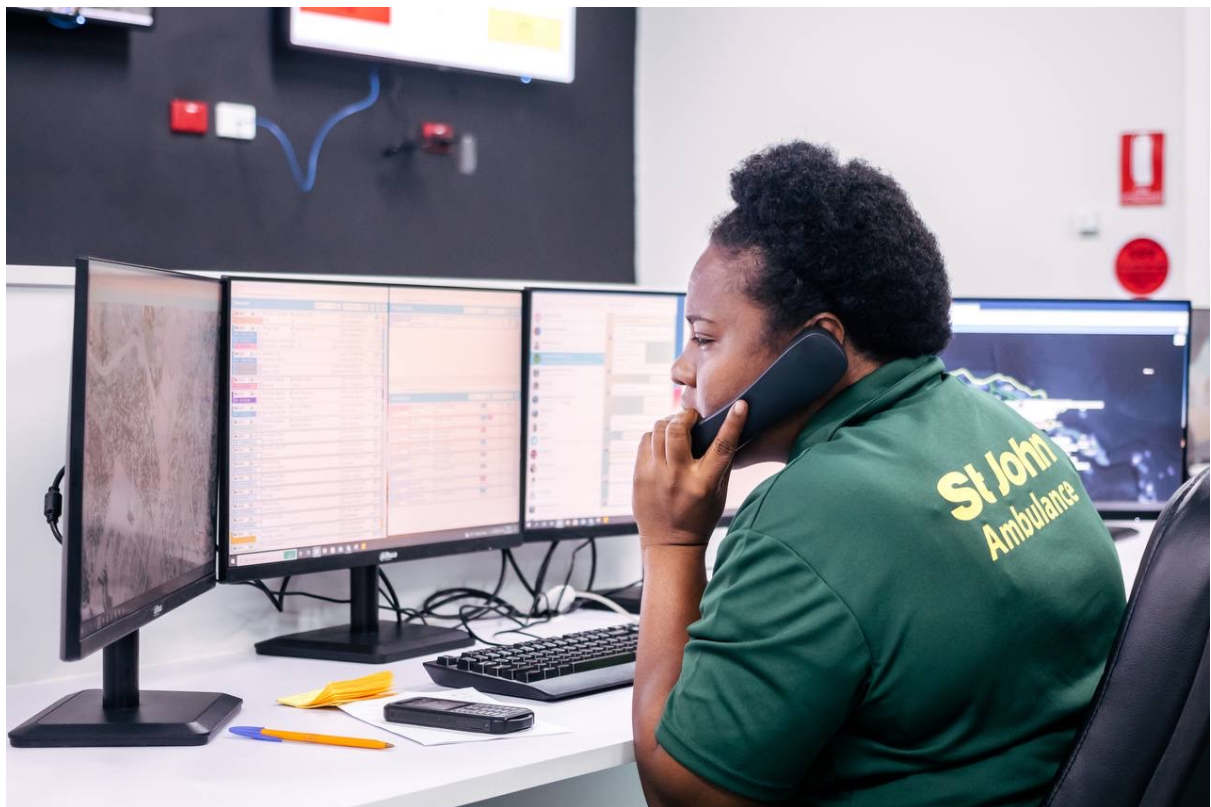
## Key Incident Time Intervals



## Ambulance Incident Priority Meaning

Code	Problem	Degree of urgency	Lights & Sirens	Resource requirement	Target
<b>Meaning</b>	Type of situation	How urgently are resources needed	Use lights and sirens	Recommended number of ambulance resources to send	The time first ambulance resource gets to the patient's location from time of first call ( <i>median</i> )
<b>1A</b>	Immediately life-threatening problem <i>e.g., cardiac arrest, ineffective breathing</i>	<b>Critical</b> 1. Highest priority response. 2. Closest ambulances to respond. 3. Send Advanced Life Support (if available)	Yes	Minimum 3, preferably 4.	Within 10 minutes (Ideally less than 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>	<b>Urgent</b>	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	

# NATIONAL LEVEL PERFORMANCE

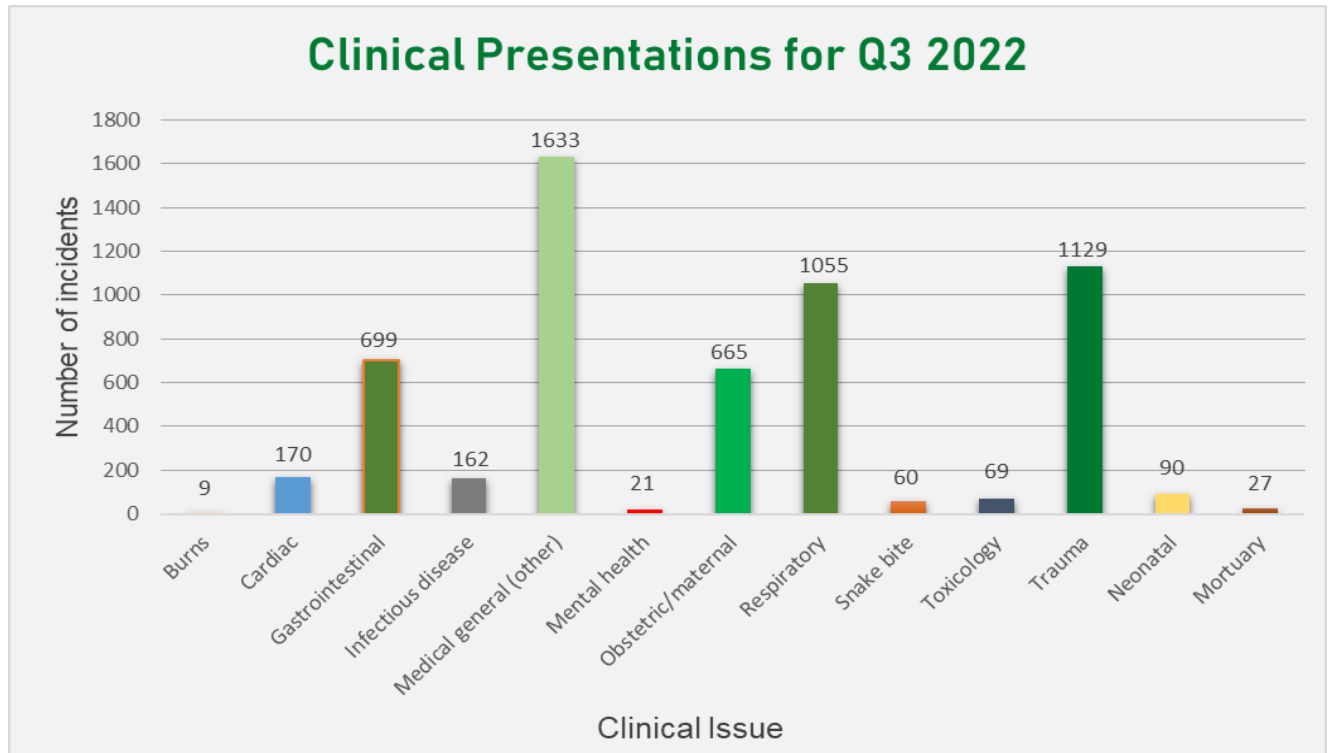




## Incidents by medical problem

In quarter 3, 2022, St John attended to 5,789 incidents. This is 548 more cases compared to Q2 2022.

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



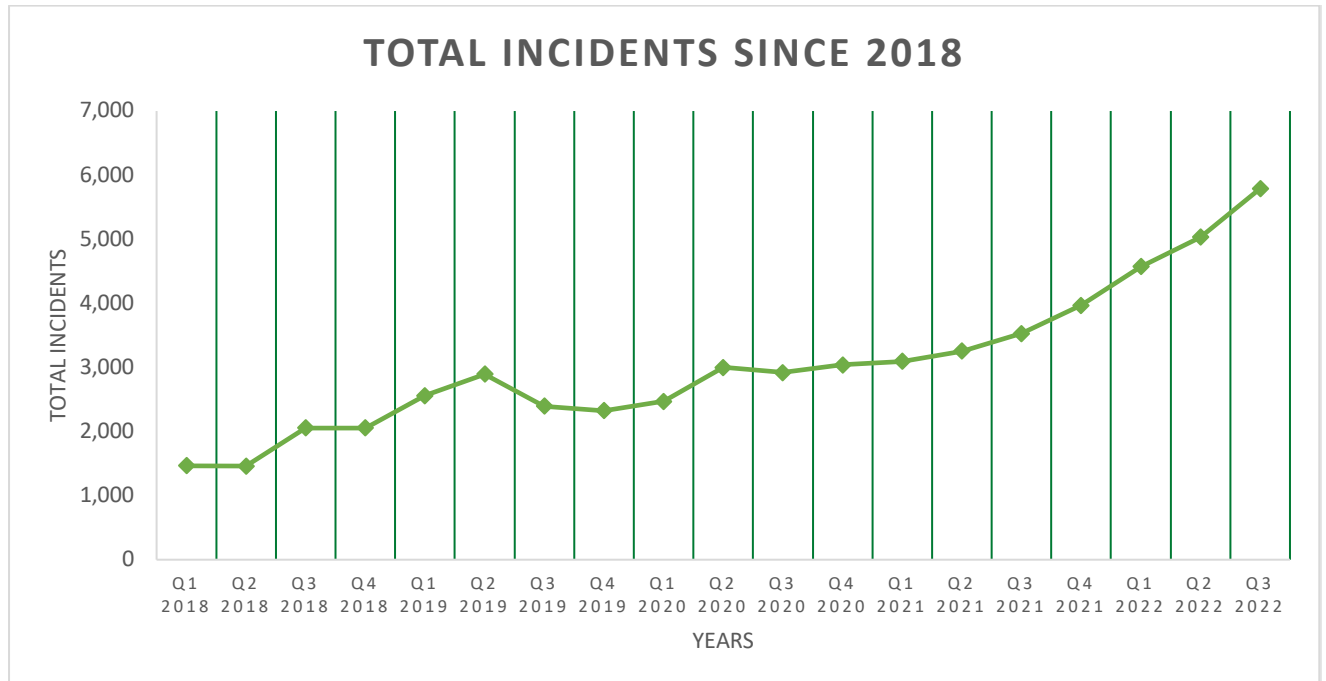
The table below shows the number of incidents and the type of clinical issues attended to in 2022 compared to the same period of the previous quarter for this year and quarter 3 and 4 in 2021.

Clinical Presentation	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	2022 YTD
Burns	10	6	16	14	9	39
Cardiac	89	72	101	102	170	373
Gastrointestinal	264	159	288	423	699	1,410
Infectious disease	187	161	170	280	162	612
Medical general (other)	838	1,222	1,309	1465	1633	4,407
Mental health	37	20	27	47	21	95
Obstetric/maternal	513	490	621	843	665	2,129
Respiratory	691	887	1,042	967	1055	3,064
Snake bite	43	48	42	54	60	156
Toxicology	27	25	31	33	69	133
Trauma	704	759	812	859	1129	2,800
Neonatal	50	84	80	82	90	252
Mortuary	76	33	36	72	27	135
<b>Total</b>	<b>3,529</b>	<b>3,966</b>	<b>4,575</b>	<b>5,241</b>	<b>5,789</b>	<b>15,605</b>

## Commissioner's Analysis of clinical presentation variances

When compared to quarters 1 and 2 of 2022 as well as the previous year, the number of emergency incidents increased significantly in the third quarter of 2022. According to other quarters, the majority of clinical presentations that were seen during this time were categorized as general medical problems. Trauma incidences have also increased by 24% since Quarter 2 of 2022. Since 2021, respiratory occurrences have risen every quarter. Obstetrics and gynaecology incidences did, however, fall by 1% this quarter. Additionally, it fell in Q4 2021, but it rose quickly in Q1 and Q2 2022. Cardiac cases rose 40% overall compared to the prior quarter.

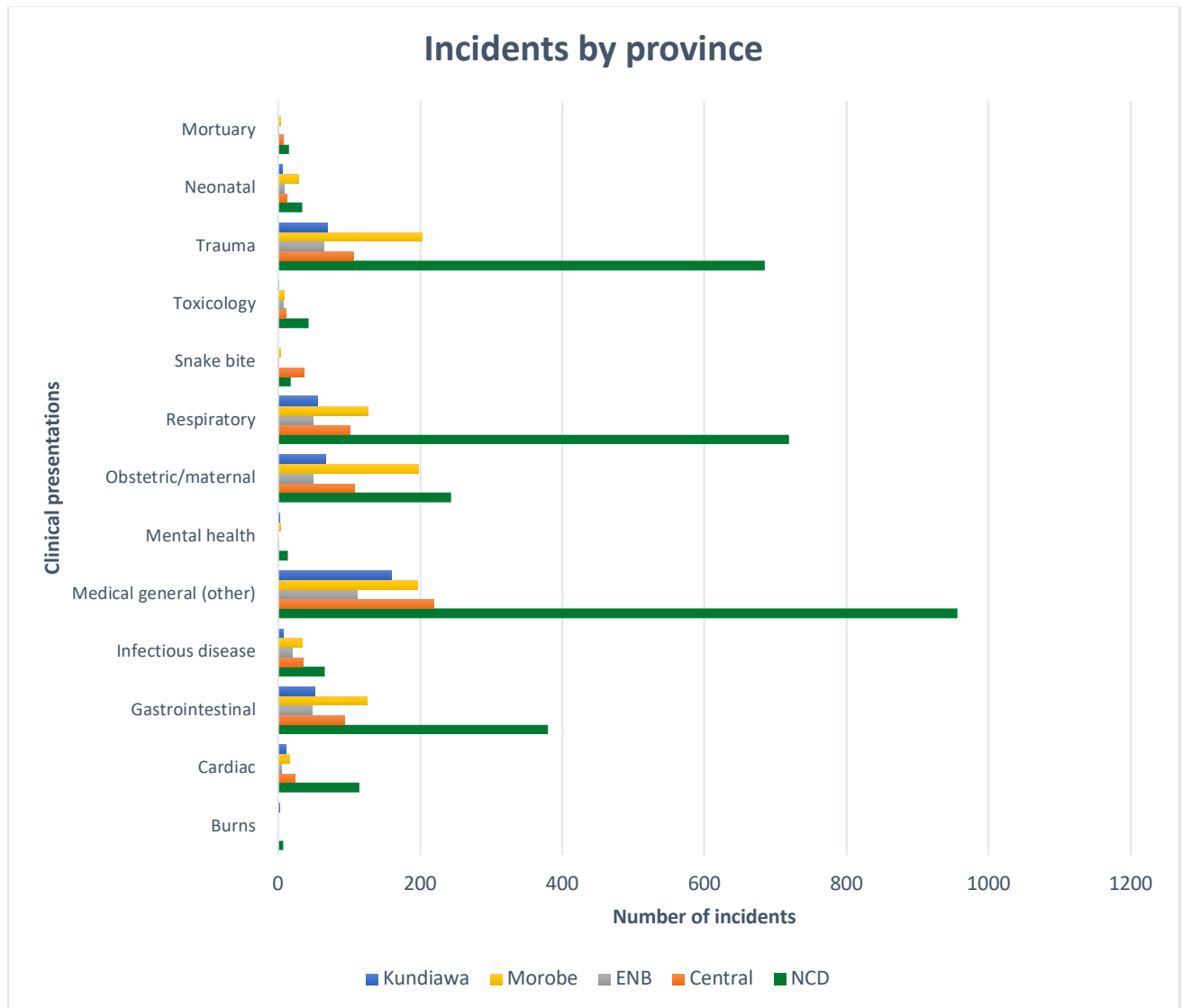
## EMERGENCY INCIDENT GROWTH SINCE 2018



The graph above depicts the number of incidents reported since 2018. Cases declined in the third and fourth quarters of 2019, but increased in 2020 when St John began operations in East New Britain province. The number of incidents continue to increase by 2% per quarter after the Morobe and Kundiawa operations began in 2021. Cases are expected to grow significantly in 2023.



## INCIDENTS BY PROVINCE



### Commissioner's Analysis

In comparison to the second quarter of 2022, NCD incidents have decreased by 1%. Obstetrics and Gynaecology have dropped by 55% this quarter. However, the most clinical issues attended to are general medical cases (29%), respiratory cases (22%), and trauma incidents (17%).

When comparing the total number of clinical presentations attended to in East New Britain, Morobe, and Kundiawa provinces, it can be noted that ENB has attended to less events with 7% growth every quarter, Kundiawa has 11% growth, and Morobe has 82% growth. With all incidents responded too in Morobe, trauma and obstetric/maternal were the most common with 21% each. ENB and Kundiawa have attended to most of general medical issues.

Approved 06 Dec 2022

**M. Cannon**, Chief Executive Officer

The table below depicts the total incidents per provinces in Q3 2022.

Clinical Presentation	NCD	Central	ENB	Morobe	Kundiawa	Total
Burns	7	0	0	0	2	9
Cardiac	114	24	5	16	11	170
Gastrointestinal	380	94	48	125	52	699
Infectious disease	66	35	20	34	7	162
Medical general (other)	956	219	111	196	159	1641
Mental health	14	1	0	4	2	21
Obstetric/maternal	243	108	49	198	67	665
Respiratory	719	101	49	126	55	1050
Snake bite	18	37	1	4	0	60
Toxicology	43	11	7	8	1	70
Trauma	685	106	64	202	69	1126
Neonatal	34	12	8	29	6	89
Mortuary	15	7	1	4	0	27
<b>Total Incidents</b>	<b>3,294</b>	<b>755</b>	<b>363</b>	<b>946</b>	<b>431</b>	<b>5,789</b>

## Response Performance by Priority (Median)

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

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

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

The time to reach a patient can be affected by many factors. Some factors are relatively within St John's control, such as how long it takes to handle the call (call handling time) and how long it takes an ambulance crew to go from station to their ambulance. Other times cannot easily be controlled by St John, such as the distance from the station to the patient's location, and the difficulty of the terrain.



## Dispatch Time

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

Most of the time, we mobilized ambulance resources across PNG to a life-threatening incident in under 3 minutes.

### This quarter's median duration in seconds

Priority	1A	1B	1C	2A	2B	3
Target dispatched time (median)	60 sec	90 sec	90 sec	10 min	30 min	30 min
Acceptable dispatched time ceiling (median)	3 min	3 min	3 min	15 min	60 min	45 min
Priority	1A	1B	1C	2A	2B	3
NCD	1m 48s	3m 1s	4m 47s	7m 29s	9m 5s	16m 45s
Central Province	3m 1s	3m 54s	7m 13s	8m 22s	16m 29s	21m 38s
Lae City	2m 15s	4m 8s	7m 46s	9m 37s	11m 2s	63m 25s
Morobe	2m 20s	8m 50s	10m 54s	9m 26s	18m 32s	3m 35s
Kokopo Town	5m 11s	5m 11s	9m 28s	9m 2s	14m 25s	5m 56s
East New Britain	-	5m 12s	7m 22s	5m 13s	9m 35s	19m 37s
Kundiawa	13m 30s	8m 17s	8m 30s	18m 31s	9m 20s	10m 18s
Simbu Province	-	5m 44s	7m 49s	11m 39s	179m 34s	7m 30s
National median	2m 40s	5m 12s	7m 48s	9m 14s	12m 44s	13m 31s



## Response Time

**Response time** is the time between notification of an occurrence and the ambulance arrival at the scene. According to the WHO, an ideal response time is equivalent to less than 8 minutes<sup>1</sup>. St John targets 12 minutes in urban areas.

This **quarter's median response time**.

Priority	1A	1B	1C	2A	2B	3
NCD	11m 5s	15m 55s	25m 33s	30m 57s	29m 17s	46m 27s
Central Province	50m	40m 46s	60m 48s	51m 32s	51m 58s	60m 56s
Lae City	16m 42s	30m 7s	34m 31s	29m 3s	39m 42s	120m 51s
Morobe	27m 48s	17m 15s	31m	39m 29s	70m 44s	20m 35s
Kokopo Town	14m 30s	15m 42s	41m 56s	36m 16s	39m 46s	92m 30s
East New Britain	-	49m 27s	58m 45s	39m 56s	74m 1s	78m 30s
Kundiawa	43m 46s	66m 11s	53m 14s	49m 37s	15m 23s	74m 50s
Simbu Province	-	71m 37s	63m 47s	79m 45s	168m 33s	187m 53s
National Median	22m 15s	35m 27s	47m 35s	39m 43s	45m 52s	76m 40s

## Scene Time

**Scene time** is the time between when the first ambulance arrives at the incident to when it departs the scene.

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

Priority	1A	1B	1C	2A	2B	3
<b>NCD</b>	27m 18s	20m 2s	17m 55s	15m 19s	14m 9s	21m 42s
<b>Central Province</b>	41m 51s	34m 10s	3m 35s	29m 47s	24m 7s	50m 32s
<b>Lae City</b>	34m 6s	22m 4s	6m 2s	14m 51s	18m 19s	21m
<b>Morobe</b>	15m 20s	14m 18s	13m 20s	16m 59s	6m 7s	10m 14s
<b>Kokopo Town</b>	14m 39s	21m 50s	15m 5s	21m 58s	11m 48s	17m 24s
<b>East New Britain</b>	-	13m 22s	5m 50s	13m 25s	14m 44s	29m 58s
<b>Kundiawa</b>	101m 23s	39m 22s	12m	7m 51s	2m 36s	9m 48s
<b>Simbu</b>	-	40m 8s	18m 43s	13m 23s	-	7m 13s
<b>National Average</b>	<b>39m 3s</b>	<b>25m 39s</b>	<b>11m 34s</b>	<b>16m 42s</b>	<b>13m 7s</b>	<b>20m 59s</b>

## 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 station, (or is tasked to another emergency)

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

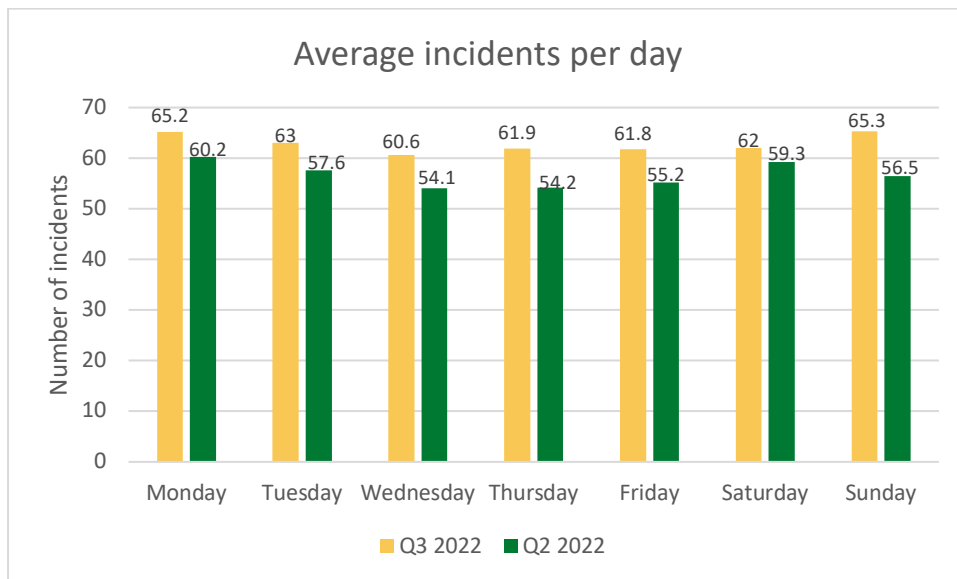
Priority	1A	1B	1C	2A	2B	3
<b>NCD</b>	1h 8m	1h 9m	1h 23m	1h 29m	1h 39m	2h 20m
<b>Central Province</b>	3h 41m	2h 56m	2h 5m	2h 38m	2h 21m	5h 23m
<b>Lae City</b>	1h 8m	1h 26m	1h 44m	1h 38m	1h 58m	3h 17m
<b>Morobe</b>	1h 8m	1h 48m	1h 43m	3h 8m	1h 6m	1h 25m
<b>Kokopo Town</b>	47m	1h 22m	2h 2m	1h 53m	1h 51m	3h 46m
<b>East New Britain</b>	-	52m	2h 30m	2h 38m	2h 38m	1h 5m
<b>Kundiawa</b>	3h 25m	2h 14m	1h 45m	2h 2m	1h 18m	5h 29m
<b>Simbu Province</b>	-	3h 5m	2h 39m	1h 23m	3h 47m	4h 10m
<b>National Average</b>	<b>1h 53m</b>	<b>1h 51m</b>	<b>1h 59m</b>	<b>2h 6m</b>	<b>2h 5m</b>	<b>3h 22m</b>
(station)	(Hours and minutes)					

The table below shows the national average timings for quarter three in comparison to the previous quarter for overall case time in hours and minutes.

Priority	1A	1B	1C	2A	2B	3
<b>National Average Q2 2022</b>	1h 46m	1h 54m	2h 23m	2h 19m	2h 40m	3h 34m
<b>National Average Q3 2022</b>	1h 53m	1h 51m	1h 59m	2h 6m	2h 5m	3h 22m
<b>YTD Average</b>	1h 49m	1h 52m	2hrs 11m	2hrs 12m	2hrs 22m	3hrs 28m
(station)	(Hours and minutes)					



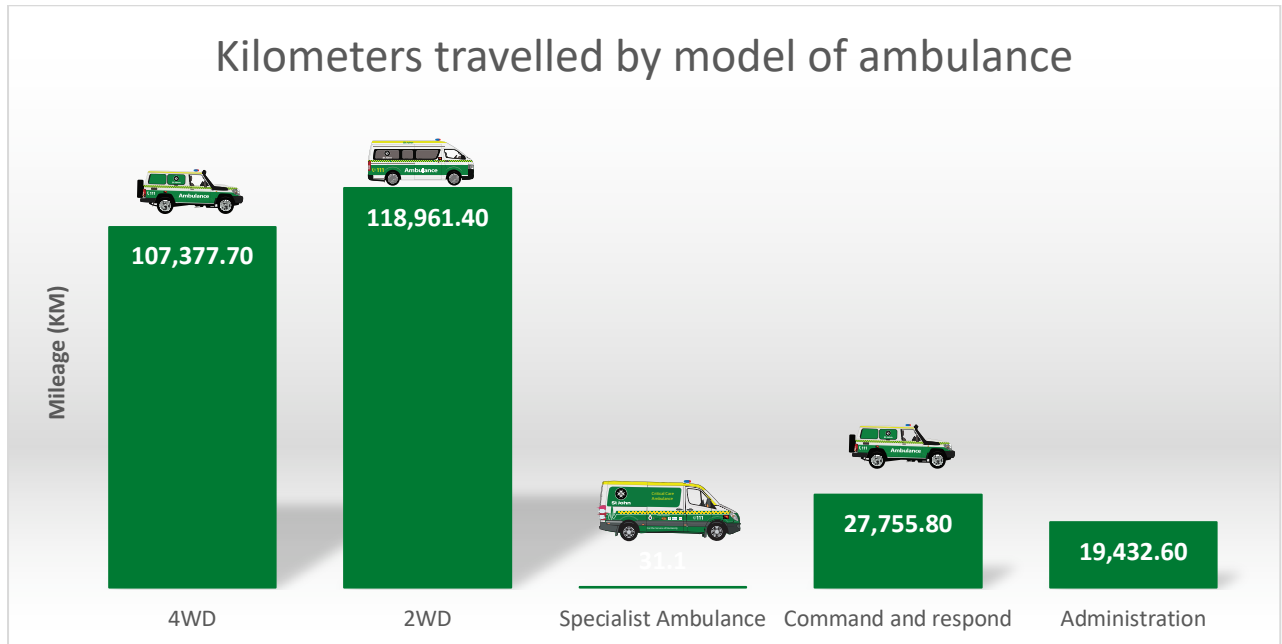
## Average cases per day in reporting period



The busiest days for St. John Ambulance in the second quarter were Monday and Saturday. The least active day was Wednesday. In comparison to the second quarter, the busiest days for St John Ambulance in the third quarter are Sunday and Monday. The least active day is Wednesday, similar to the second quarter.

## Kilometres travelled

A total distance of **273,558.6** kilometres was travelled this quarter.



## Nationally

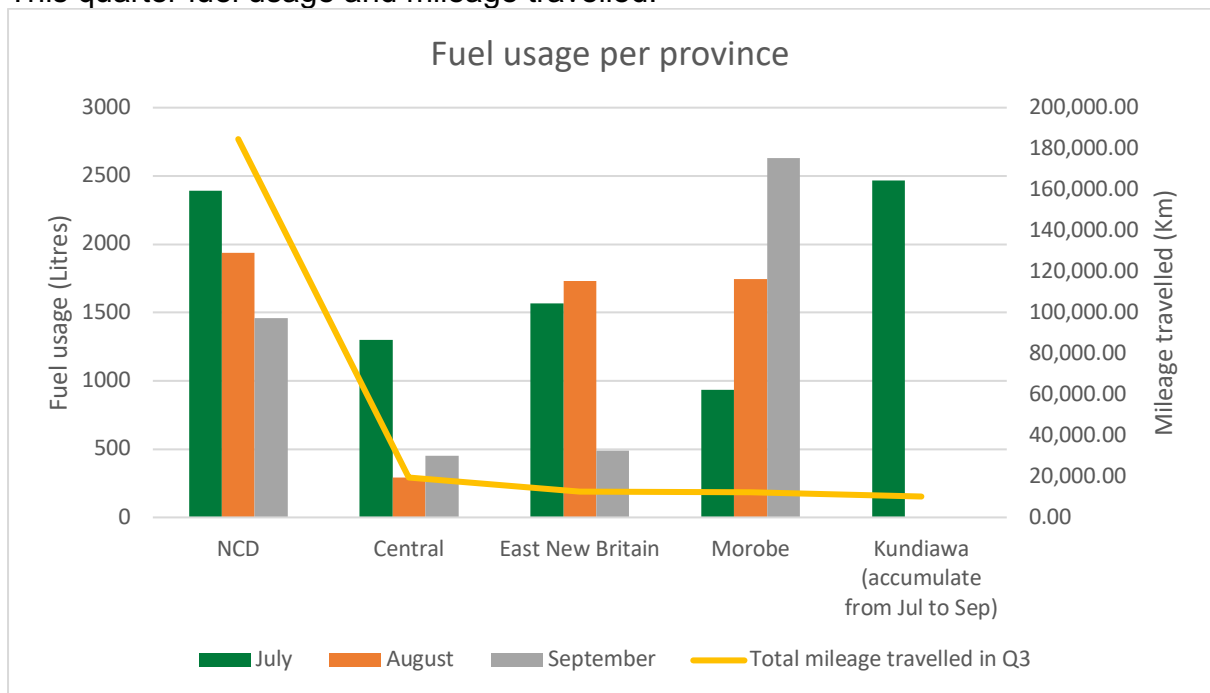
Vehicle class	Q2 2022	Q3 2022	YTD average
4WD Ambulance	49,348.50	107,377.7	78,726.8
2WD Ambulance	114,562.10	118,961.4	101,386.5
Specialist Ambulance	49	31.1	43
Command & respond vehicle	26,123	27,755.8	24,416.7
Administration	31,880	19,432.6	29,223.3
Total KMs	221,962.6	273,558.6	233,796.3

The table below shows kilometres travelled for quarters one, two and three of 2022 by province.

Province	Q1 2022	Q2 2022	Q3 2022	YTD Average
NCD	140,207.50	145,212	184,639.70	156,686.40
Central	660	1,182	19,337	7,059.67
East New Britain	16,037.70	21,694	12,689.60	16,807.10
Morobe	38,326.60	18,144	12,328.70	22,933.10
Kundiawa	11,295.90	11,943	10,202.20	11,147.03
<b>Total KMs</b>	<b>206,527.70</b>	<b>198,175</b>	<b>239,197.60</b>	<b>214,633.43</b>

## Fuel usage

This quarter fuel usage and mileage travelled.



Approved 06 Dec 2022

**M. Cannon**, Chief Executive Officer

The table below display the overall fuel consumption along with the number of miles travelled in Q3 2022.

	July	August	September	Mileage travelled in Q3 (Km)
	Fuel Usage (L)			
NCD	2391.95	1935.92	1458.07	184,639.70
Central	1297.65	292.98	449.76	19,337.40
East New Britain	1565.99	1730.86	489.47	12,689.60
Morobe	936.22	1746.58	2629.67	12,328.70
Kundiawa (Jul to Sep)	2468.44			10,202.20

The table below shows fuel usage for quarters one, two, and three of 2022 by province.

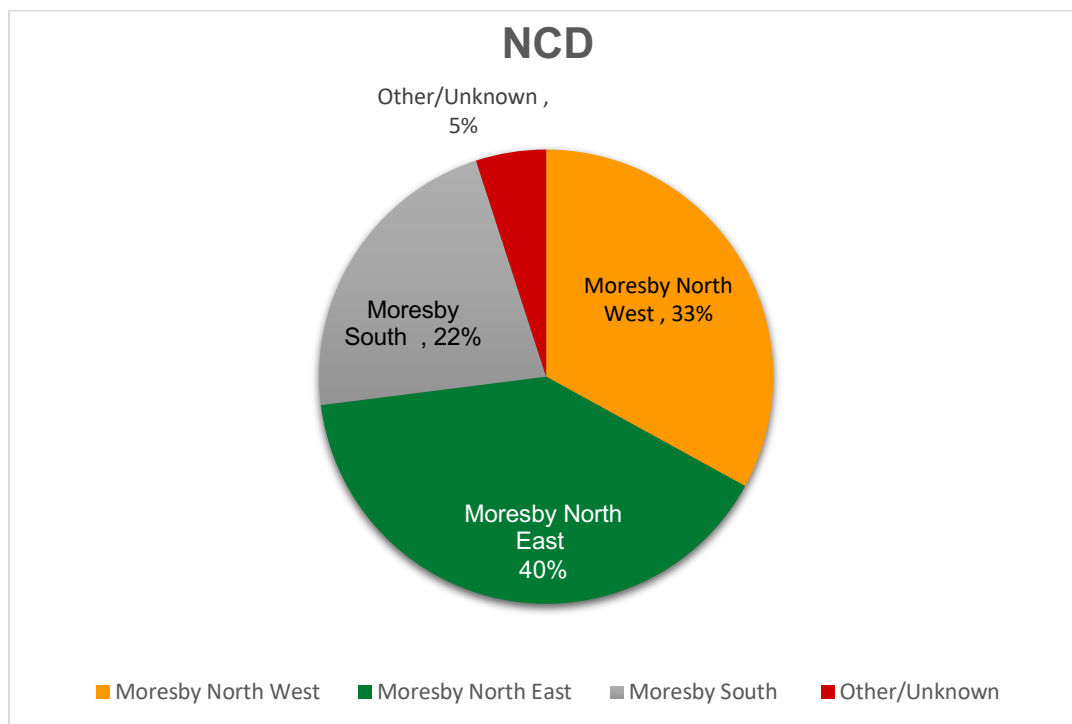
Province	Q1 2022	Q2 2022	Q3 2022	YTD Average
NCD	21,799	11,028	5,785.94	21,799
Central	6,546	1,182	2,040	6,546
East New Britain	3,506	1,570	3,786.32	3,506
Morobe	2,818	2,336	5,312.47	2,818
Kundiawa	392	798	2,468.44	392
<b>Total (Litres)</b>	<b>35,061</b>	<b>16,914</b>	<b>19,393.56</b>	<b>35,061</b>



# National Capital District Data

## Incidents by Electorate

ELECTORATE	Q2 2022	%	Q3 2022	%	Variance	Total YTD
Moresby North West	1,099	33	1,097	33	2-	3,396
Moresby North East	1,221	37	1,284	40	63+	4,073
Moresby South	730	22	737	22	7+	2,185
Other/Unknown	262	8	176	5	86-	460
<b>Total</b>	<b>3,312</b>	<b>100</b>	<b>3,294</b>	<b>100</b>	<b>18-</b>	<b>10,114</b>



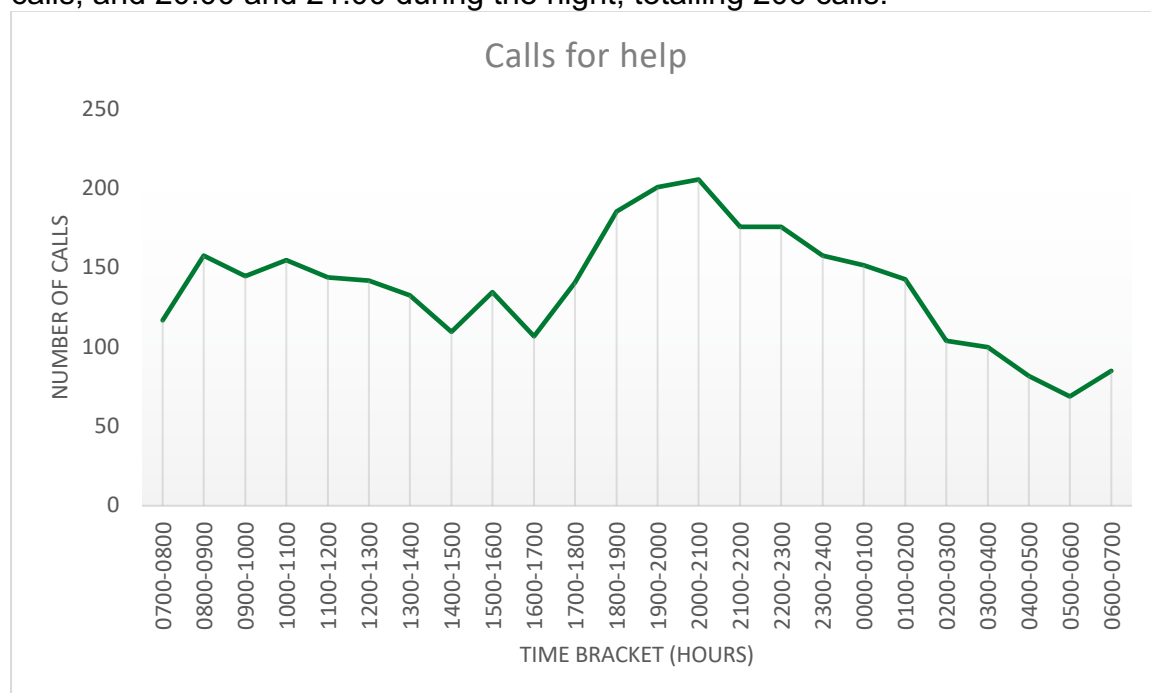
## Patients by condition and age group

St John attends to people of all gender and ages. The table below shows incidents as a percentage by age group.


Incident Types	0-11 months	1-5 years	6-13 years	14-30 years	31-45 years	46-59 years	60+ years	Unknown
Bites/Stings	1%	1%	1%	1%				
Burns	1%		1%	1%				
Cardiac		1%	1%	3%	5%	6%	3%	
Fitting/Seizure	1%	3%	1%	2%	1%	1%	1%	
Gastrointestinal	4%	5%	11%	12%	11%	13%	9%	
Infectious Diseases	1%	1%	1%	1%	1%	1%	3%	
Obstetrics/Gynaecology				12%	8%	1%		35%
Other medical	50%	43%	28%	21%	30%	42%	44%	
Respiratory/SOB	22%	39%	43%	16%	22%	25%	35%	
Snake Bites			1%	1%	1%	1%		
Toxicology			1%	2%	1%			
Trauma	20%	7%	11%	28%	20%	10%	5%	65%

## Peak call periods

We keep track of the times when support requests are made. For NCD, the majority of calls come in between the hours of 8:00 and 9:00 during the day, totalling 158 calls, and 20:00 and 21:00 during the night, totalling 206 calls.



## Fuel Usage

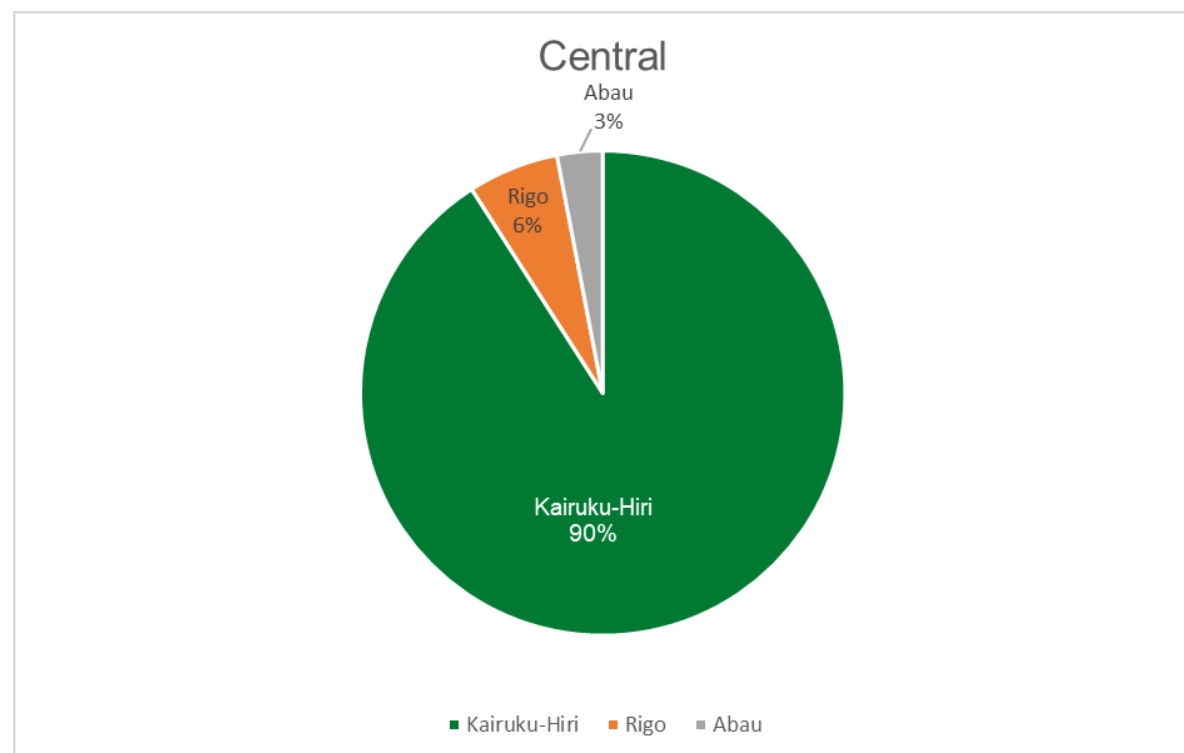
Vehicle class	Q2 2022	Q3 2022	YTD average
4WD Ambulance	26,232	44,936.7	28,947.1
2WD Ambulance	65,153	92,483.5	70,891
Specialist Ambulance 	49	31.1	43
Rapid response and command vehicle	21,898	27,755.8	22,906
Administration	31,880	19,432.6	25,523.5
<b>Total KMs</b>	<b>145,212</b>	<b>184,639.7</b>	<b>148,311.2</b>



# **CENTRAL PROVINCE DATA**

## Incidents by Electorate –

ELECTORATE	Q2 2022	%	Q3 2022	%	Variance	YTD
Kairuku-Hiri	652	98	688	91	36+	1,790
Goilala	0	0	0	0	0	0
Rigo	7	>1	47	6	40+	62
Abau	3	<1	20	3	17+	23
<b>Total</b>	<b>662</b>	<b>100</b>	<b>755</b>	<b>100</b>	<b>93+</b>	<b>1,875</b>



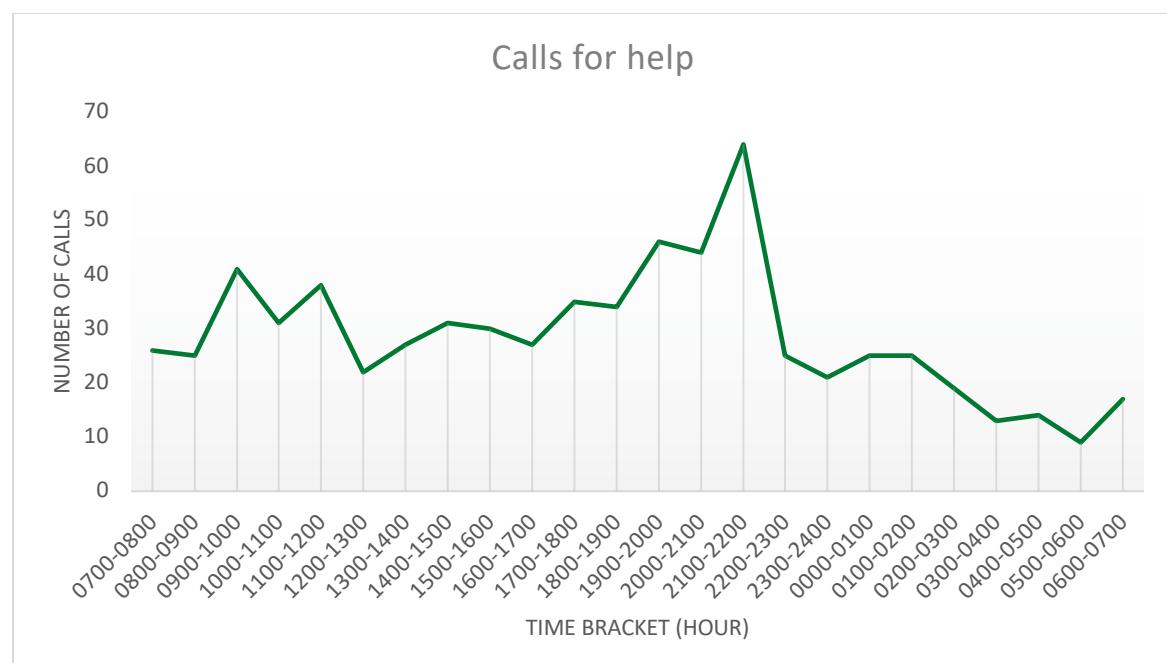
## Patients by condition and age group

St John attends to people of all gender and ages. The table below shows incidents as a percentage by age group.

Incident Types	0-11 months	1-5 years	6-13 years	14-30 years	31-45 years	46-59 years	60+ years	Unknown
Bites/Stings					2%			
Cardiac				2%	4%	1%	8%	
Fitting/Seizure		5%	7%	1%	2%	1%		
Gastrointestinal	5%	21%		10%	12%	13%	20%	
Infectious Diseases	8%		4%	1%	4%	4%	3%	
Obstetrics				30%	12%			100%
Respiratory/SOB	36%	38%	15%	9%	20%	16%	17%	
Snake Bites			18%	5%	4%	9%	3%	
Toxicology		3%		1%	1%			
Trauma	15%	3%	15%	18%	17%	10%	6%	
Others	36%	30%	41%	23%	22%	46%	43%	

## Peak call periods

We record the times that assistance requests are made. For the Central province, there were mostly 41 calls made between 0900 and 1000 during the day and 64 calls made between 2100 and 2200 during the night.



## Fuel Usage

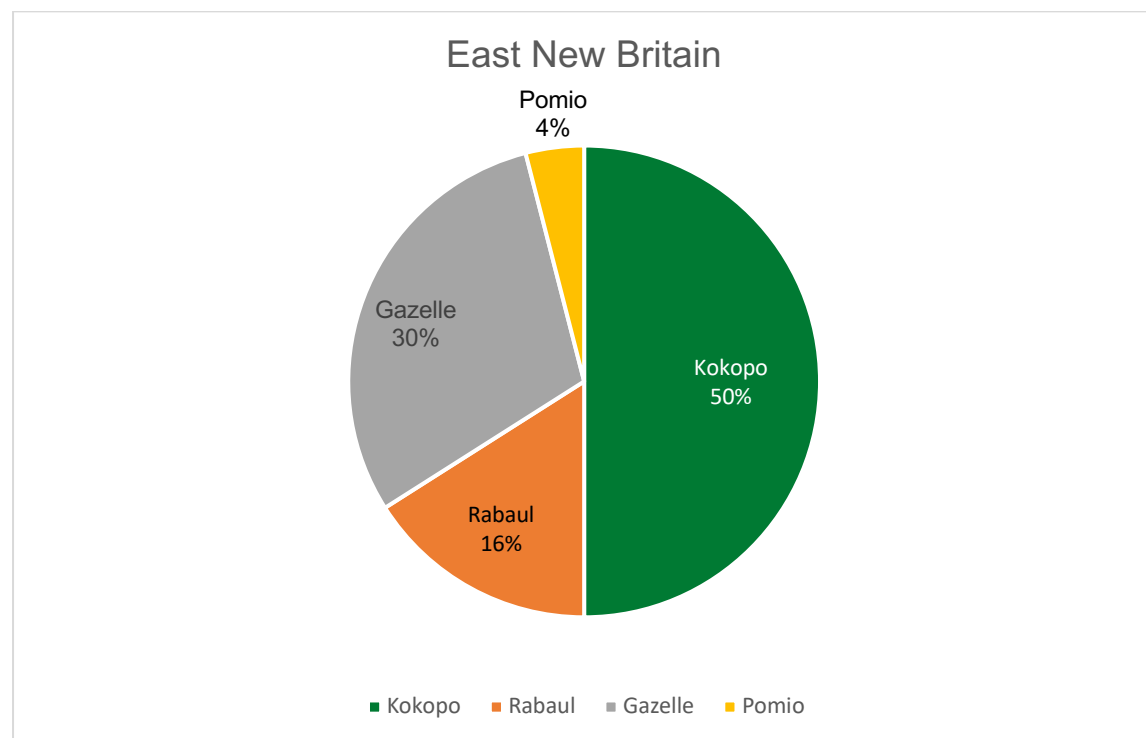
Vehicle class	Q2 2022	Q3 2022	YTD average
Land cruiser Ambulance	1,182	19,337.4	7,059.9
<b>Total KMs</b>	<b>1,182</b>	<b>19,337.4</b>	<b>7,059.9</b>

# **EAST NEW BRITAIN DATA**



## Incidents by Electorate

ELECTORATE	Q2 2022	%	Q3 2022	%	Variance	YTD
Kokopo	162	49	181	50	19+	396
Rabaul	69	21	57	16	12-	228
Gazelle	95	29	111	30	16+	233
Pomio	4	1	14	4	10+	24
Others/ Unknown	0		0	0	0	18
<b>Total</b>	<b>330</b>	<b>100</b>	<b>363</b>	100	<b>33</b>	<b>899</b>



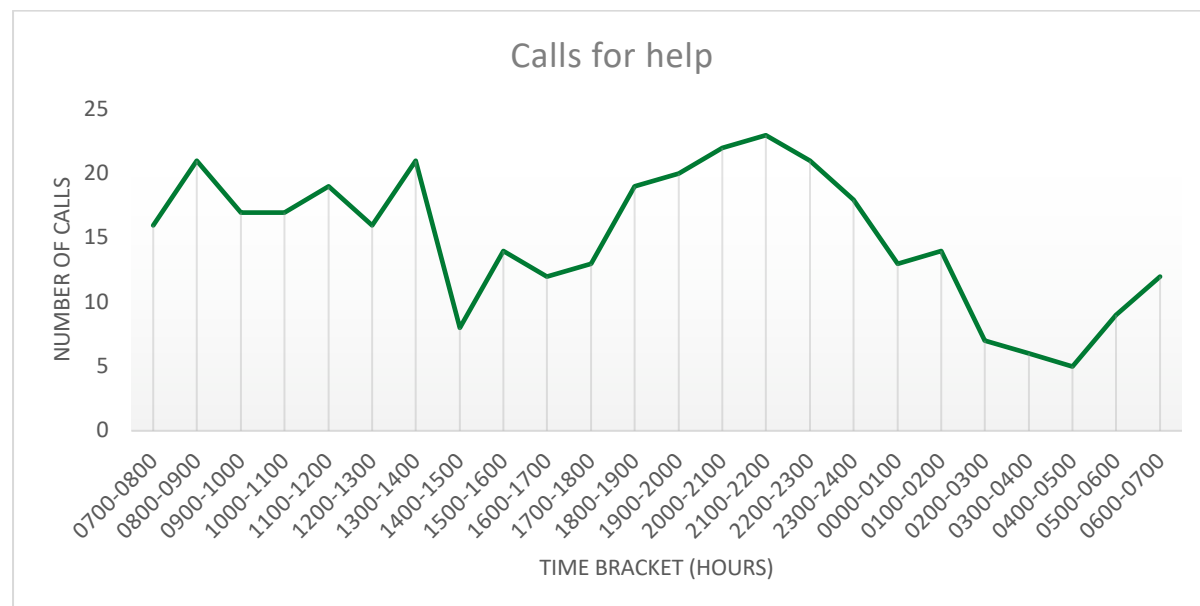
## Patients by condition and age group

St John attends to people of all gender and ages. The table below shows incidents as a percentage by age group.

Incident Types	0-11 months	1-5 years	6-13 years	14-30 years	31-45 years	46-59 years	60+ years
Burns							
Back Pain				1%	2%		
Cardiac				1%	2%	2%	
Fitting/Seizure				1%	2%		
Gastrointestinal	4%	14%	13%	16%	13%	8%	10%
Infectious Diseases			7%	2%	2%	2%	
Obstetrics	13%	5%	7%	28%	20%		
Respiratory/SOB	46%	33%	7%	7%	16%	13%	26%
Snake Bites				1%			
Toxicology				3%	2%	2%	
Trauma	4%		20%	17%	19%	16%	5%
Others	33%	48%	46%	23%	22%	57%	59%

## Peak call periods

We record the times that assistance requests are made. For the province of East New Britain, the majority of calls were made between the hours of 0800-0900 and 1300-1400 during the day, with 21 calls, and 2100-2200 during the night, with 23 calls.



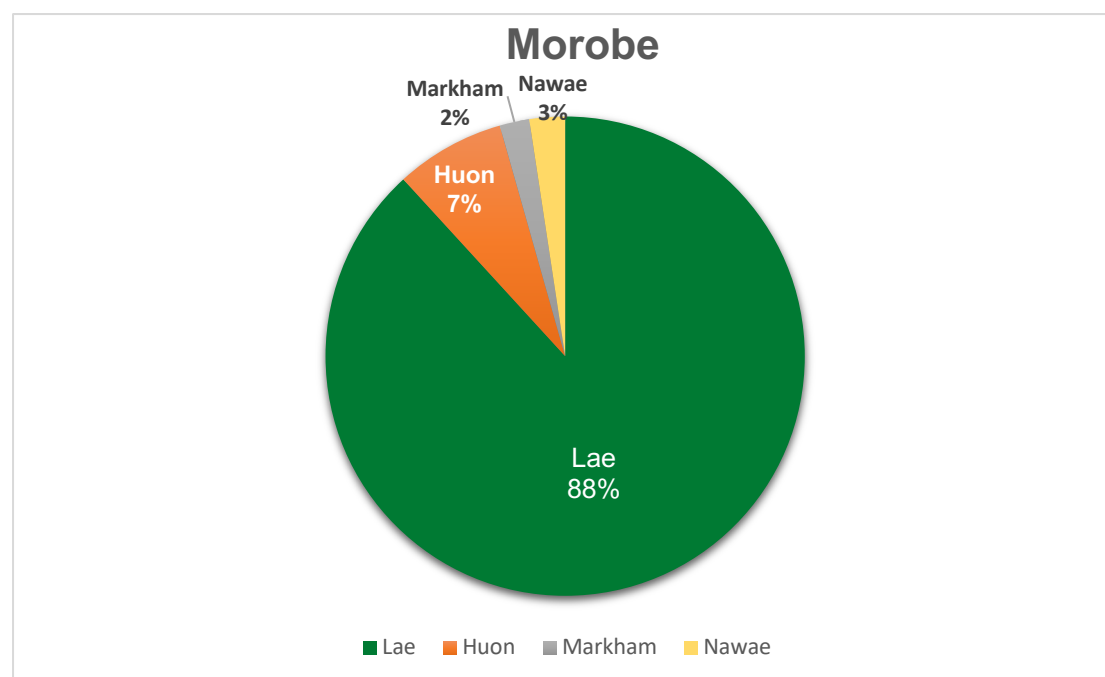
## Fuel usage

Vehicle class	Q2 2022	Q3 2022	YTD average
Land cruiser ambulance	7,564.0	5,670.3	6,081.2
Other Ambulance	9,905.0	7,019.3	8,123.6
Command vehicle	4,225.0	0	2,602.3
<b>Total KMs</b>	<b>21,694.6</b>	<b>12,689.6</b>	<b>16,807.1</b>

# **LAE CITY & MOROBE PROVINCE DATA**

## Incidents by Electorate

ELECTORATE	Q2 2022	%	Q3 2022	%	Variance	YTD
Lae	332	59	834	88.2	502+	1,361
Bulolo	1	<1	0	0	1-	1
Finschhafen	0	0	0	0	0	0
Huon	92	16	70	7.4	22-	190
Kabwum	1	<1	0	0	1-	1
Markham	11	2	19	2	8+	33
Menyamaya	0	0	0	0	0	0
Nawae	122	22	23	2.4	99-	193
Tewae-Siassi	0	0	0	0	0	0
<b>Total</b>	<b>559</b>	<b>100</b>	<b>946</b>	<b>100</b>	<b>387+</b>	<b>1,779</b>





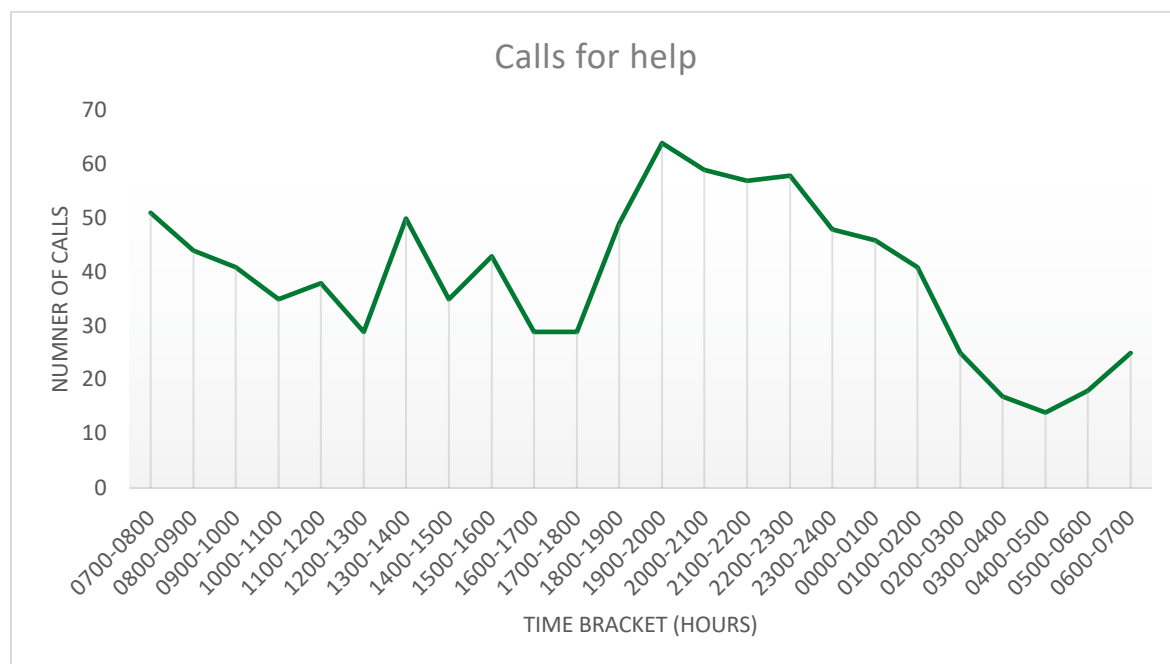
## Patients by condition and age group

St John attends to people of all gender and ages. The table below shows incidents as a percentage by age group.

Incident Types	0-11 months	1-5 years	6-13 years	14-30 years	31-45 years	46-59 years	60+ years
Cardiac				1%	2%	5%	3%
Fitting/Seizure	5%	14%	6%	1%			1%
Gastrointestinal	9%	14%	16%	12%	9%	13%	23%
Infectious Diseases	2%	3%	3%	1%	2%	5%	1%
Obstetrics				38%	25%	3%	
Respiratory/SOB	17%	31%	32%	5%	19%	29%	33%
Snake Bites						1%	
Toxicology				1%	1%	1%	
Trauma	19%	20%	16%	28%	25%	17%	5%
Others	48%	18%	27%	13%	17%	26%	34%

## Peak call periods

We record the times that assistance requests are made. In the province of Morobe, 51 calls were made most frequently between 07:00 and 08:00 during the day, and 64 calls were made most frequently between 19:00 and 02:00 during the night. The times calls are made are shown in the graph below.



## Fuel Usage

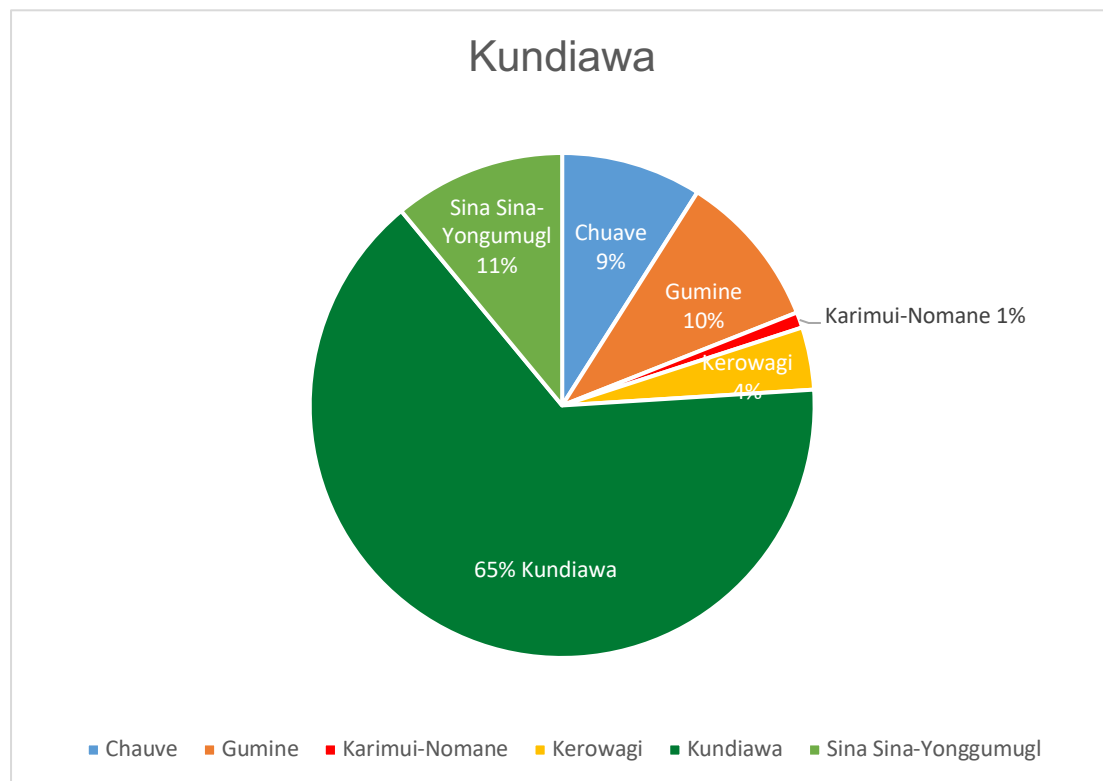
Vehicle class	Q2 2022	Q3 2022	YTD average
Landcruiser ambulance	3,235.0	2,676.2	3,181.0
Other Ambulance	11,374.0	6,371	8,444.3
Command vehicle	7,463.0	3,191.5	7,291.4
<b>Total KMs</b>	<b>22,072.0</b>	<b>12,328.7</b>	<b>18,916.7</b>

# SIMBU PROVINCE DATA



## Incidents by Electorate

ELECTORATE	Q2 2022	%	Q3 2022	%	Variance	YTD
Chauve	15	4	40	9	25+	55
Gumine	39	10	43	10	4+	82
Karimui-Nomane	2	<1	2	1	0	4
Kerowagi	26	7	18	4	8-	44
Kundiawa	243	64	281	65	38+	524
Sina Sina-Yonggumugl	53	14	47	11	6-	100
<b>Total</b>	<b>378</b>	<b>100</b>	<b>431</b>	<b>100</b>	<b>53+</b>	<b>809</b>



## Patients by condition and age group

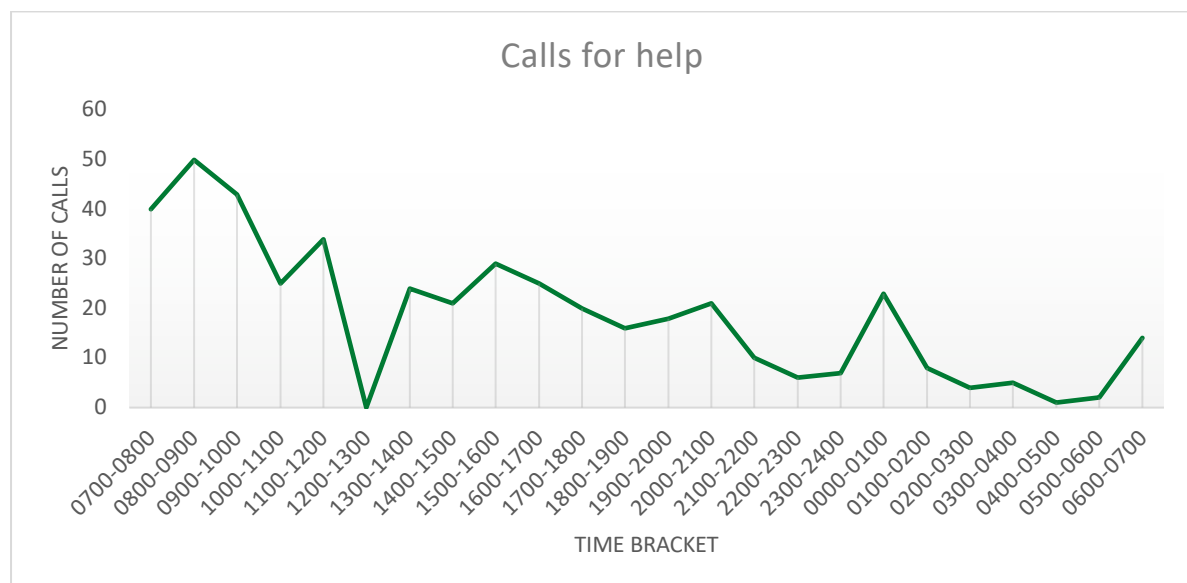
St John attends to people of all gender and ages. The table below shows incidents as a percentage by age group.

Incident Types	0-11 months	1-5 years	6-13 years	14-30 years	31-45 years	46-59 years	60+ years
Burns			17%	1%			
Cardiac				2%	3%	3%	6%
Fitting/Seizure		12%		2%	1%		
Gastrointestinal	8%	12%		18%	5%	12%	10%
Infectious Diseases						2%	
Obstetrics				34%	10%	3%	
Respiratory/SOB	28%	19%	33%	11%	13%	10%	26%
Toxicology							
Trauma	20%	12%	33%	11%	17%	11%	13%
Others	44%	45%	17%	21%	51%	59%	45%



## Peak call periods

We keep track of the times in which calls for help are received. For Kundiawa province, most of the calls received between 0800-0900 hours during the day and with 50 calls and 0000-0100 hours during the night with 23 calls. The times calls are made are shown in the graph below.



## Fuel Usage

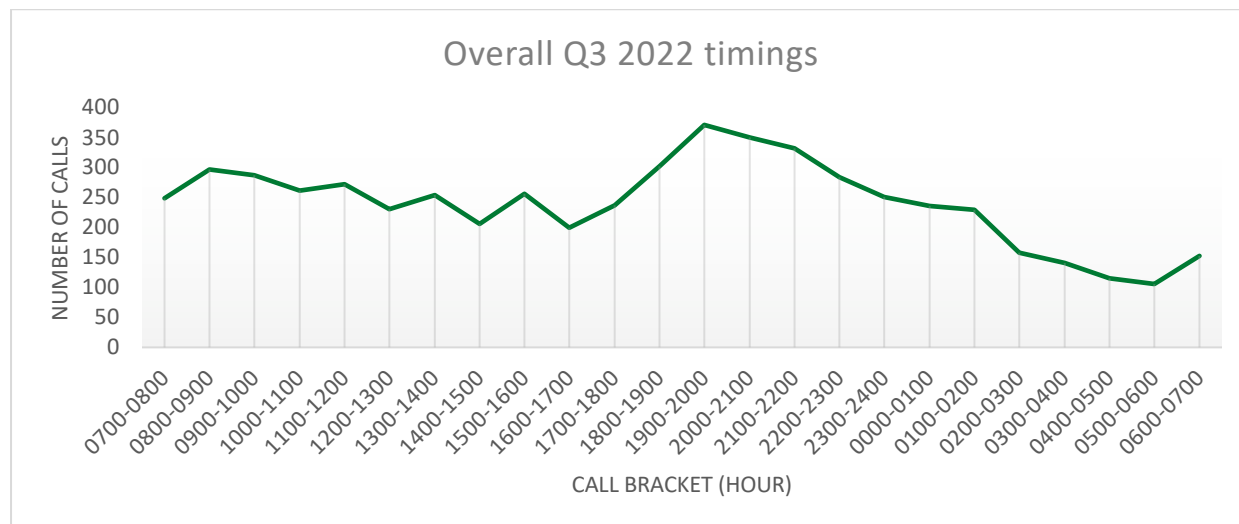
Vehicle class	Q2 2022	Q3 2022	YTD average
Land cruiser ambulance	10,149	10,202.2	11,295.9
Other Ambulance	0	0	0
Command vehicle	1,794	0	0
<b>Total KMs</b>	<b>11,943</b>	<b>10,202.2</b>	<b>11,295.9</b>





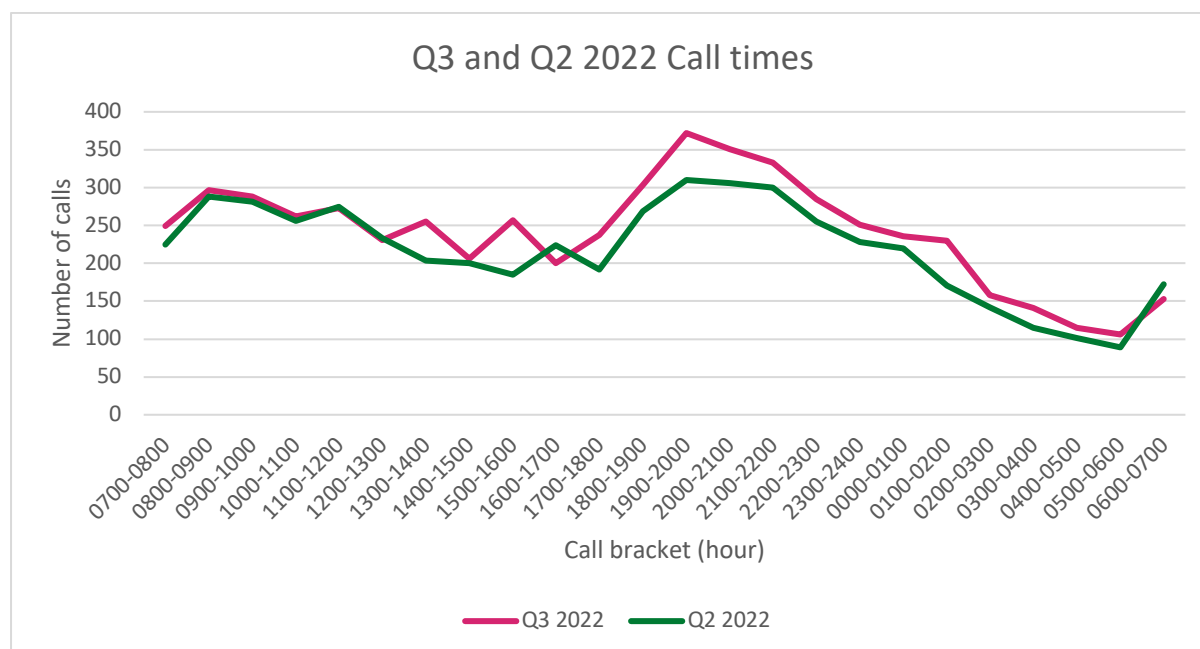
## Peak call periods

St. John received 372 calls between 19:00 and 20:00, and 297 calls between 08:00 and 09:00, during the peak hours.



During the reporting period, the busiest time for St John Ambulance was between 08:00-09:00 hours during the day and 19:00-20:00 hours during the night. (Daytime period: 06:00 to 18:00); Night-time period: 18:01 to 05:59)

## Call times comparison for Q3 and Q2 2022.





# Air Ambulance

## Missions

Helicopter	Q3 2021	Q3 2022	YTD average	YTD Total
Southern	1	3	2.3	7
Momase	0	0	0	0
NGI	0	0	0	0
Highlands	0	0	0	0
International	0	0	0	0
<b>Total</b>	<b>1</b>	<b>3</b>	<b>2.3</b>	<b>7</b>

Fixed wing	Q3 2021	Q3 2022	YTD average	YTD Total
Southern	4	0	1.3	4
Momase	2	2	2.3	7
NGI	4	6	5.3	16
Highlands	2	2	2	6
Australia	4	2	1.3	4
International (other)	0	0	0	0
<b>Total</b>	<b>16</b>	<b>12</b>	<b>12.2</b>	<b>37</b>

## Flight Hours

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

Helicopter	Q3 2021	Q3 2022	YTD average	YTD Total
Southern	4	8.2	4.8	14.5
Momase	0	0	0	0
NGI	0	0	0	0
Highlands	0	0	0	0
International	0	0	0	0
<b>Total hours</b>	<b>4</b>	<b>8.2</b>	<b>4.8</b>	<b>14.5</b>

Fixed wing	Q3 2021	Q3 2022	YTD average	YTD Total
Southern	10.8	0	2.1	6.4
Momase	3	4.6	5.7	17
NGI	11.4	23.7	19.6	58.8



## Ambulance Service Papua New Guinea

Highlands	4.6	5.7	5.3	15.8
Australia	31.7	14	8.6	25.9
International	0	0	0	0
<b>Total hours</b>	<b>61.5</b>	<b>48</b>	<b>52.8</b>	<b>123.9</b>

## Ambulance Service Fees

The total ambulance service fees collected for Q3 2022 is **K54, 285.00**

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

100% of revenue from ambulance fees is used for the maintenance, fuelling and supporting the free ambulance service. There is NO fee for patient seeking emergency care and transport to a public hospital.

Payment method	Q2 2022	Q3 2022	YTD total
Cash	18,110	0.00	48,884
EFTPOS	10,770	54,285	106,906
Cheque	0	0.00	400
<b>Total (PGK)</b>	<b>28,880.00</b>	<b>54,285.00</b>	<b>156,190.00</b>



**Ambulance Service**  
**Papua New Guinea**



## **Papua New Guinea**

### **Since 1957**

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

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

