

OFFICIAL



National Department of Health



# Ambulance Service Activity Report Quarter One

1 JANUARY – 31 MARCH 2025

A public service agency of the National Department of Health

## Executive Summary

The Quarter One 2025 Ambulance Activity Report outlines the National St John Ambulance's growth, challenges, and operational performance across Papua New Guinea from **1 January to 31 March 2025**, the service responded to 9,885 incidents, marking a 10% increase in demand compared to the last quarter.

The report highlights the scale and impact of these services nationwide.

### Key performance highlights include:

- **Emergency Response:** Responded to 9,885 incidents, a 10% increase from Q4 2024. Assisted 8,485 patients; 6,827 transported by ambulance. Covered 621,008 km, a 27% increase from Q4, reflecting an expanded reach.
- **Call Centre Efficiency:** Maintained high satisfaction — 95% for both callers and patients.
- **Response Times:** National median for (Priority 1A) incidents: 14 min 3 sec. Faster response in urban centres (e.g., NCD at 13 min 37 sec, Lae at 12 min 32 sec). Longer rural delays in provinces like Central and ENB due to terrain and lower numbers of ambulance resources.
- **First Aid Training:** A total of 1,384 individuals trained, including 482 students in Free First Aid in Schools, 872 workers in workplace first aid.
- **Aeromedical Services:** Completed 6 fixed-wing missions (up from 5), including one international retrieval. Total flight time is 18 hours. Ensuring critically ill patients from regional and remote areas received timely care.
- **Ambulance Revenue:** Services remained free for public hospital patients. Generated PGK 25,124.50 from private and mortuary bookings to help sustain operations.

NStJA has made good progress in improving service coverage, staff training, and response times. However, limitations with fixed government funding continues to remain a challenge as demand for ambulance services continues to grow well beyond current capacity. Without ongoing support and additional resources, delays, especially in rural areas persist.

We acknowledge the Marape/Rosso Government for continued funding this quarter, the NCDC under Governor Powes Parkop for their support, and our partners for the donation of new ambulances:

- Lae City Authority
- Motu Koita Assembly through EMPNG,
- Butibam Pipeline Landowners Association
- ExxonMobil PNG
- 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.

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## **Reporting period:**

This report covers National St John Ambulance activity in quarter one, from **1 January to 31 March 2025**.

This report provides key insights into clinical outcomes, patient demographics, and the geographic distribution of ambulance calls.

It covers all provinces where NStJA operates, giving a clear picture of the service's reach and performance. The data is drawn from 111 call reports and the ambulance Computer-Aided Dispatch (CAD) system.



# Summary of Quarter One

## Ambulance Service Data

Table 1: Ambulance service summary data, Q1 2025 vs Q4 2024

Metric	Q4 2024	Q1 2025	% change
Emergency calls handled 📞	36,276	19,947	-45%
Emergency incidents 🚑	9,000	9,885	9%
Patients assisted * 🏠	6,947	8,485	22%
Patients transported 🚑	5,798	6,827	18%
Distance covered (Km) 📏	490,319	621,008	27%
Fuel consumed (L) 🛢️	67,762	61,301	-10%
Caller satisfaction 👍	96%	95%	-1%
Patient satisfaction 😊	96%	95%	-1%

\*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, Q1 2025

Category :	Priority 1A		Priority 1B		Priority 1C		All other priorities	
	Critical		Urgent		Urgent		P2, P3, P4, P5	
Urgency:	Critical		Urgent		Urgent		Non-urgent	
Timing:	Target	Q1	Target	Q1	Target	Q1	Target	Q1
Dispatch time (median)	< 90 seconds	2 min. 54 sec.	< 120 seconds	3 min. 40 sec.	< 3 minutes	25 min. 24 sec.	When appropriate sourcing is available	42 min. 4 sec.
Response time (median)	< 45 minutes (where possible)	14 min. 3 sec.	< 60 minutes	19 min. 28 sec.	< 90 minutes	55 min. 24 sec.	As soon as practicable	73 min. 28 sec.
Scene time (median)	30 minutes	21 min. 39 sec.	30 minutes	20 min. 4 sec.	30 minutes	17 min. 28 sec.	Case dependent	16 min. 58 sec.
Overall Case time (median)	1 hr. 15 minutes	1 hr. 10 min.	2 hours	1 hr. 8 min.	2 hours	1 hr. 12 min.	Case dependent	2 hr 14 min.



## Ambulance Staff Trained

Table 3: Number of ambulance staff trained Q1 2025 vs Q4 2024 (courses completed)

Courses	Q4 2024	Q1 2025
First Responder 🚑	-	17
Ambulance Officer 🚑	19	-
RAO/RAD 🚑	-	4
<b>Total</b>	<b>19</b>	<b>21</b>

## Public Trained in First Aid

Table 4: Number of people trained in first aid, and student satisfaction, Q1 2025 vs Q4 2024

Metric	Number trained			Student satisfaction 🗳️	
	Q4 2024	Q1 2025	% change	Q4 2024	Q1 2025
Free First Aid in Schools 🏫	100	482	382%	-	-
First Aid for Work* 🧑‍🏫	893	872	-2%	98%	97%
Public Awareness 🧑‍🏫	1040	30	-97%	-	-
Hosp Advanced Resus 🏥	39	-	-100%	78%	-
<b>Total</b>	<b>2072</b>	<b>1,384</b>	<b>-33%</b>		

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

## Resourcing

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

Table 5: Public ambulances on duty available at any one time, by province, 31 March 2025

24-hour resources	NCD	Central	Morobe	ENB	Total
Advanced Life Support	2	-	-	-	<b>2</b>
Basic Life Support	5	-	2	1	<b>8</b>
Reservist	-	2	-	-	<b>2</b>
Paramedic/HEO standby	1	-	-	-	<b>1</b>
<b>Total</b>	<b>8</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>13</b>



Table 6: On-call resources, by province, 31 March 2025

On-call resources	NCD	Central	Morobe	ENB	Total
Reservist	-	2	-	-	2
Advanced Life Support	-	-	-	-	-
Paramedic	2	-	1	1	2
Doctor	2	-	-	-	2
Command	2	1	1	1	5
<b>Total</b>	<b>6</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>13</b>

The number of operational and corporate staff in each province is summarised below. The workforce figures represent staffing as at 31 March 2025:

Table 7: Number of staff by clinical level and province, 31 March 2025.

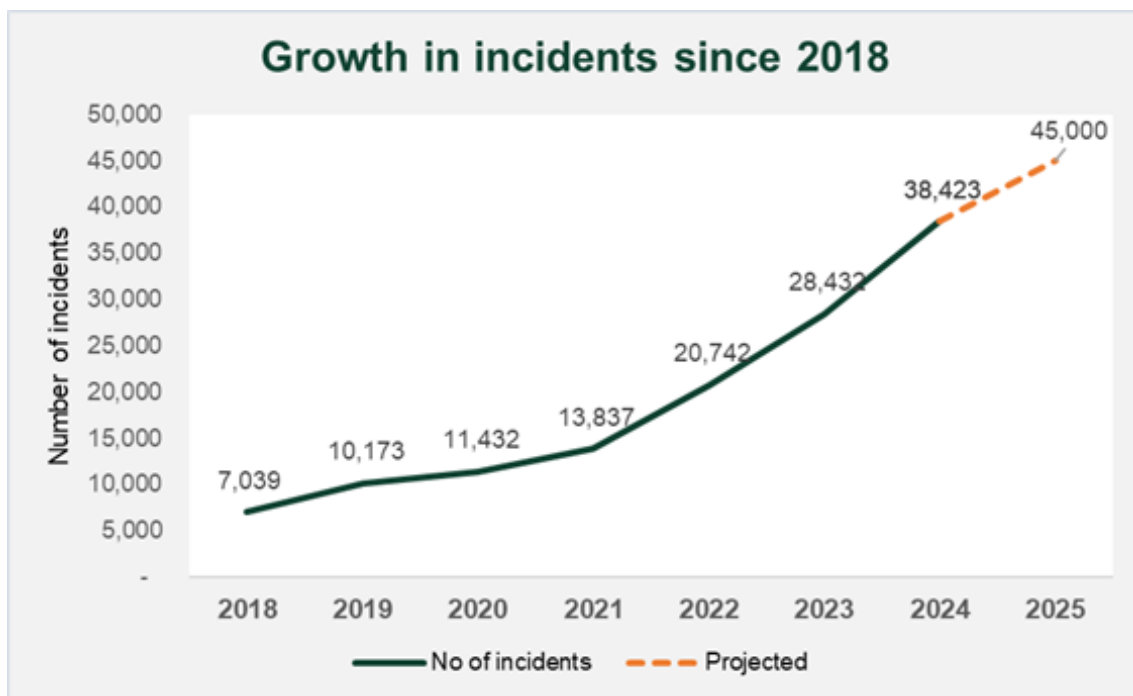
Province	NCD	Central	Morobe	ENB	Hagen	Total
<b>Clinical staff</b>						
Ambulance Driver (AD)	-	11	5	-		16
Reservist Ambulance Officer (RAO)	-	1	-	3		4
Ambulance Officer L1 (AO1)	21	-	-	-		21
Ambulance Officer L2 (AO2)	7	-	5	-		12
Ambulance Officer L3 (AO3)	29	-	5	3		37
Emergency Medical Technician (EMT)	1	-	1	-		2
Clinician L1	4	-	-	-		4
Clinician L2	1	-	-	-		1
Clinician L3	-	-	-	-		-
Clinician L1 / L2 (projects)	-	-	2	2	2	6
Paramedic (incl management)	2	-	4	1		7
SMO (Medical Officer)	2	-	-	-		2
Reservist SMOs	1	-	-	-		1
<b>Support Services Staff</b>						
Fleet & Infrastructure	9	-	-	-		9
Service Planning	5	-	-	-		5
Facilities & Admin Drivers	22	-	-	-		22
<b>Other HQ staff</b>						
Finance	4	-	-	-		4
People Workforce & Culture	4	-	-	-		4
Office of CEO	12	-	-	-		12
Enterprise & Education	16	-	-	-		16
Clinical Systems	10	-	-	-		10
<b>Total</b>	<b>150</b>	<b>12</b>	<b>22</b>	<b>9</b>	<b>2</b>	<b>195</b>

# National Performance Reporting

## Emergency Incident Growth

The graph below illustrates the total number of incidents responded to by NStJA since 2018. In the second quarter of 2020, NStJA opened new ambulance stations in regional centres, beginning with a station in East New Britain. This expansion is reflected in the subsequent rise in incident numbers and is projected to continue through 2025. In 2024, NStJA attended to over 38,000 incidents, falling short of the predicted 39,000, nonetheless underscoring the growing demand and pressure on NStJA services.

Figure 1: Growth in clinical incidents since 2018





## Incidents by Clinical Presentation (Medical Problem)

During the reporting period, NStJA attended to 9,885 incidents, representing a 10% increase compared to the last quarter. This total excludes mortuary cases, which were included in the previous quarter's figures. Mortuary transfers were excluded from this quarter's count as they are not classified as emergency incidents. Table below details the incidents by clinical presentation.

Table 8: Incidents by clinical presentation Q1 2025 vs Q4 2024

Clinical Presentation	Q4 2024	Q1 2025	Change	
			Number	%
Medical general	3,269	3,706	437	13%
Obstetric/maternal	1,199	1,413	214	18%
Trauma	1,446	1,156	-290	-20%
Respiratory	1,227	1,370	143	12%
Gastrointestinal	795	821	26	3%
Transfer	595	928	333	56%
Cardiovascular	218	271	53	24%
Bites/stings	106	89	-17	-16%
Motor vehicle collision	86	64	-22	-26%
Toxicology	37	44	7	19%
Shooting	14	16	2	14%
Mental health	8	7	-1	-13%
<b>Total</b>	<b>9,000</b>	<b>9,885</b>	<b>885</b>	<b>10%</b>

### Analysis of Clinical Presentation (Medical Problem)

The table highlights a 10% overall increase in clinical presentations, rising from 9,000 in Q4 2024 to 9,885 in Q1 2025. The most significant growth was seen in transfer cases, which rose by 333 cases (56%), followed by cardiovascular cases with a 24% increase (53 cases). Obstetric/maternal presentations also saw notable growth, increasing by 214 cases (18%), while toxicology and respiratory cases rose by 19% and 12%, respectively.

Medical general cases showed a moderate increase of 437 cases (13%), reflecting continued demand across broad medical needs. Shootings increased slightly by 2 cases (14%), and gastrointestinal cases rose modestly by 3% (26 cases).

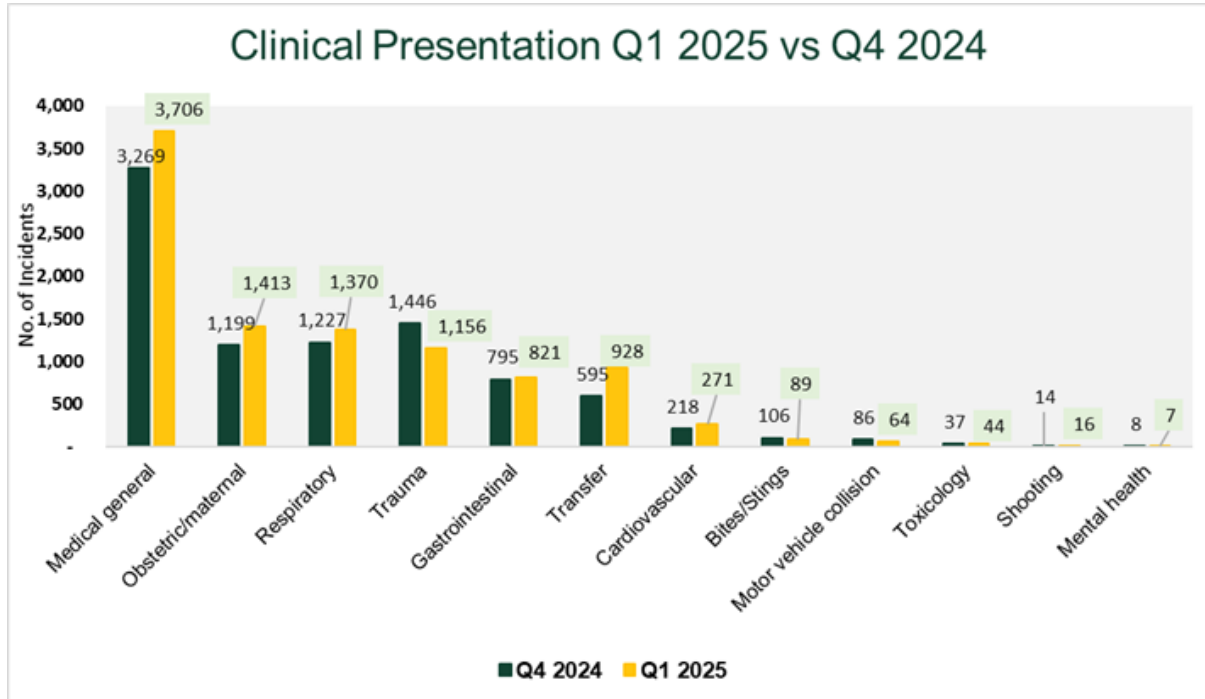
Conversely, some categories experienced declines. Trauma cases dropped by 20%, motor vehicle collisions decreased by 26%, and bites/stings fell by 16%. Mental health cases remained very low, decreasing by 1 case (-13%).

Overall, the data suggests a steady rise in general healthcare demand, particularly in transfer cases, maternal care, and cardiovascular-related cases, while some trauma-related incidents declined during the quarter.



Figure 2 shows this quarter’s incidents that NStJA attended nationally in comparison to last quarter, by clinical presentation, in graphical format.

Figure 2: Clinical presentations Q1 2025 vs Q4 2024



## Incidents by Province and Clinical Presentation

Table 9 indicates incidents by province and clinical presentation:

Table 9: Incidents by clinical presentation and province, Q1 2025.

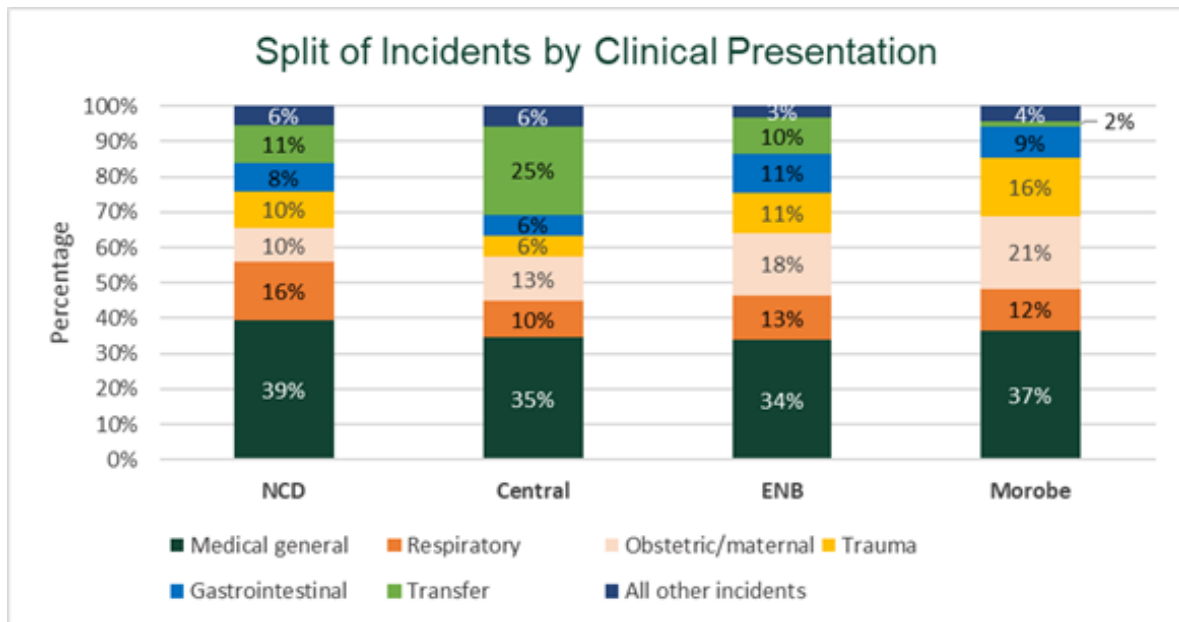
Clinical Presentation	NCD	Central	ENB	Morobe	EHP	Total
Bites/Stings	27	36	4	22		89
Cardiovascular	155	25	14	77		271
Gastrointestinal	378	71	84	288		821
Medical general	1,859	417	255	1,171	4	3,706
Mental health	6	-	1	-		7
Motor vehicle collision	42	5	2	14	1	64
Obstetric/maternal	477	71	85	523		1,156
Trauma	776	122	96	376		1,370
Respiratory	7	-	1	8		16
Shooting	23	3	3	15		44
Toxicology	503	300	76	49		928
Transfer	465	153	133	659	3	1,413
<b>Total</b>	<b>4,718</b>	<b>1,203</b>	<b>754</b>	<b>3,202</b>	<b>8</b>	<b>9,885</b>



### Split of Incidents by Clinical Presentation

The distribution of clinical presentations varies notably across provinces. For instance, obstetric and maternal cases account for a significant portion of incidents in Morobe Province, while representing a smaller share in Central and NCD. Central also reports the highest proportion of transfer-related cases, suggesting a strong reliance on inter-facility transport. In contrast, Morobe has the lowest percentage of transfer cases, indicating differing service structures or accessibility. These variations highlight the diverse clinical priorities and healthcare demands across the regions.

Figure 3: Split of incidents by clinical presentation, by province, Q1 2025.

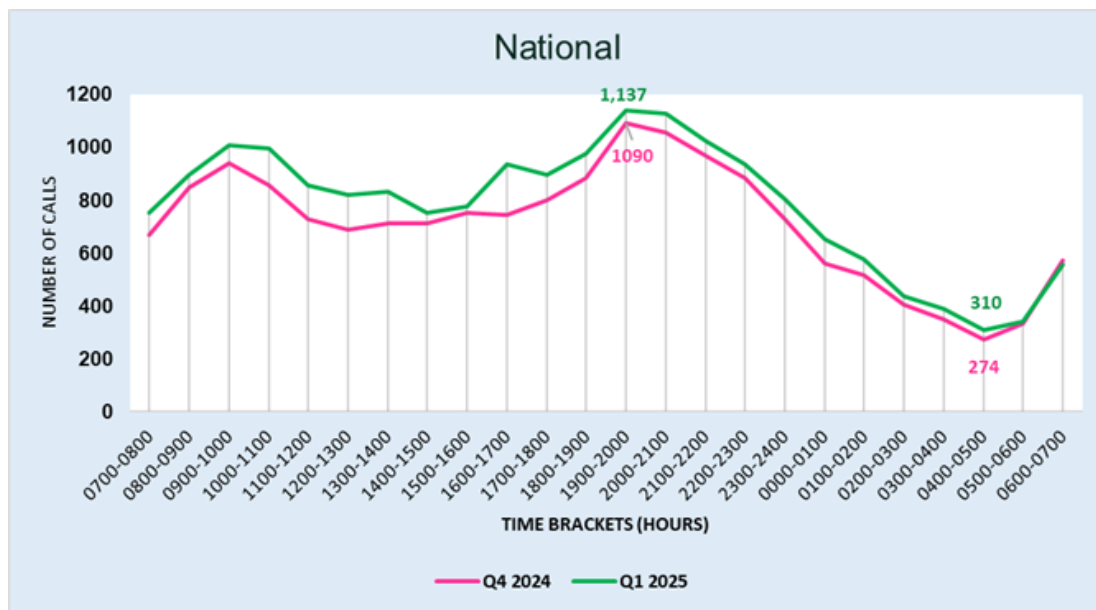




## Peak Call Periods

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 1,137 calls, while the least number of calls received was between **04:00 – 05:00 AM** with a total of 310 calls.

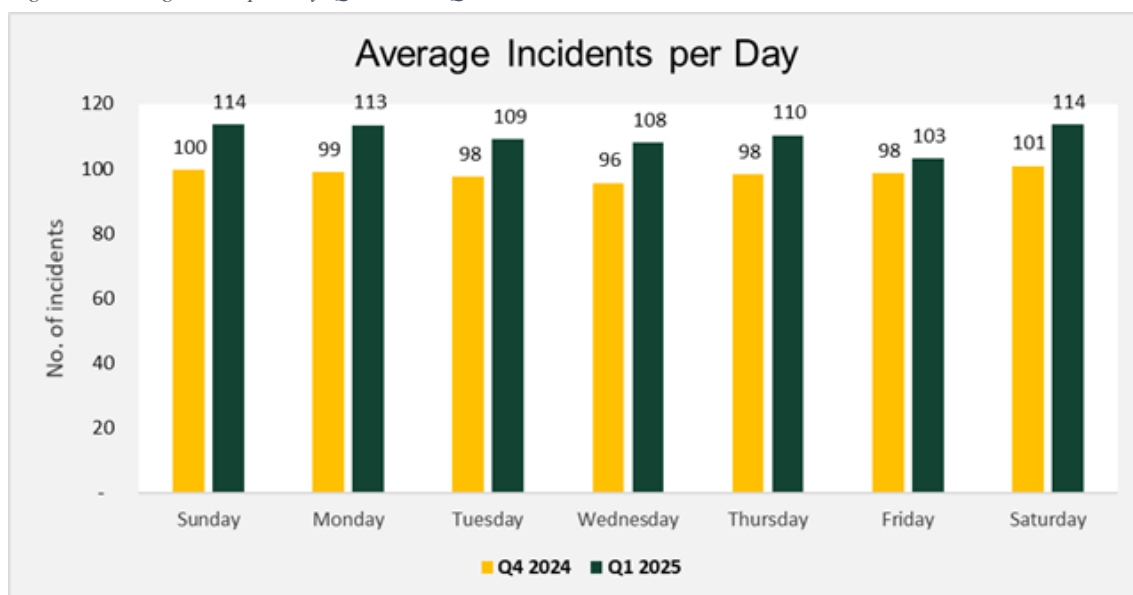
Figure 4: Number of calls per hour, Q1 2025 vs Q4 2024.



## Average Cases per Day

The graph shows a steady daily incident pattern, peaking on Friday, Sunday, and Thursday, with slightly lower averages on Monday and Tuesday.

Figure 5: Average cases per day, Q1 2025 vs Q4 2024





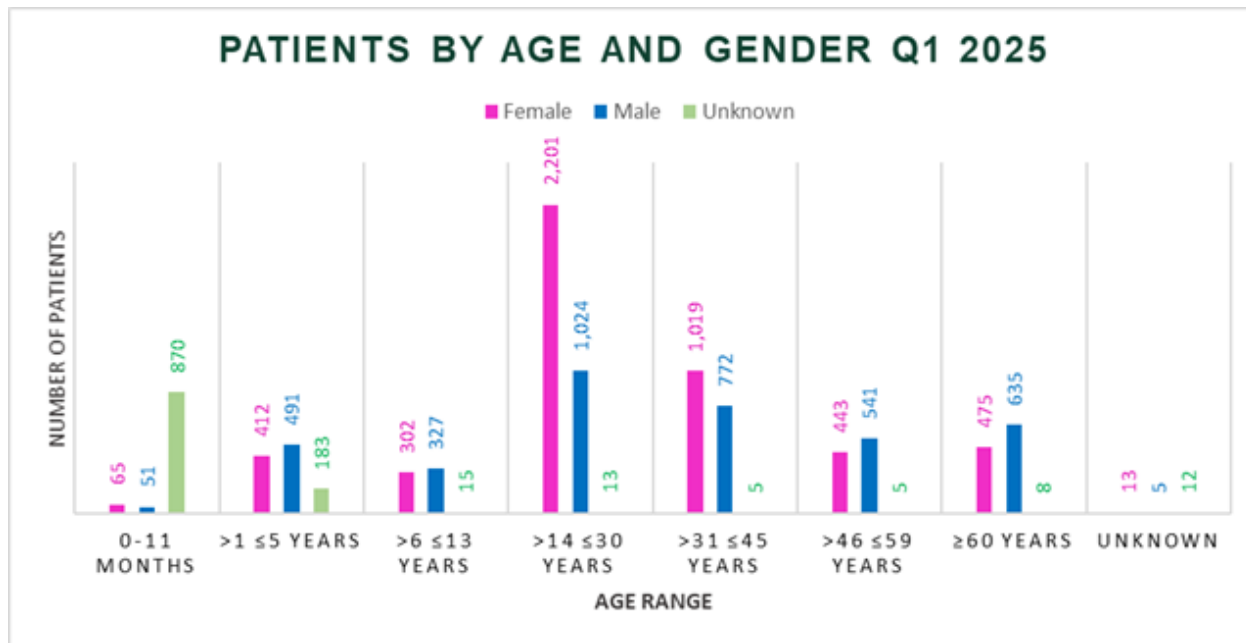
# Patients by Age and Gender

The graph illustrates the distribution of patients by age and gender in the first quarter. The highest proportion of patients is seen in the 14-30 years' age group, where females make up the largest portion. In contrast, among infants (0-11 months), a significant majority are classified as "Unknown," due to missing gender data.

Among the children aged between 1-13 years, males slightly outnumber females, while a notable percentage remains unclassified. As age increases, the gender distribution shifts. In the middle-aged category (31-45 years), males and females are nearly equal, whereas in the 46-59 years and 60+ age groups, males are more prevalent than females.

Overall, the data highlights that young adults (especially females) form the largest patient group, while older populations see a higher male representation. The presence of a significant number of "Unknown" gender cases suggests gaps in data recording, particularly among infants.

Figure 6: Patients by age and gender, Q1 2025





## Median Response Performance by Priority

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

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

Incidents are responded to in order of priority and availability of ambulances. Category 1A is the highest priority. All category 1 calls receive a lights and sirens response. Other categories generally receive a response under normal driving conditions. The time to reach a patient can be affected by many factors. Some factors are relatively within NStJA's control, such as how long it takes to handle the call (call handling time) and how long it takes an ambulance crew to go from the station to their ambulance. Other times cannot easily be controlled by NStJA, such as the distance from the station to the patient's location, and the difficulty of the terrain.

### Dispatch Time

'Dispatch time' is defined as the time between when the call-taker first receives the call about a case and the dispatcher tasks an ambulance crew to attend the case by sending a message to the crew (usually by radio or pager). The median dispatch time in each province is shown in the table below. Extended dispatch times indicate NStJA ambulances were not available at the 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, Q1 2025.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	2 min. 37 sec.	2 min. 54 sec.	21 min. 49 sec.	36 min. 50 sec.
Central	4 min. 39 sec.	4 min. 36 sec.	43 min 13 sec.	49 min. 8 sec.
Morobe	3 min. 14 sec.	4 min. 36 sec.	30 min. 48 sec.	52 min. 10 sec.
East New Britain	12 min. 7 sec.	5 min. 46 sec.	36 min. 41 sec.	42 min. 34 sec.
National Median	2 min. 54 sec.	3 min. 40 sec.	25 min. 24 sec.	42 min. 4 sec.

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 7: Dispatch times by priority, national, Q1 2021 onwards

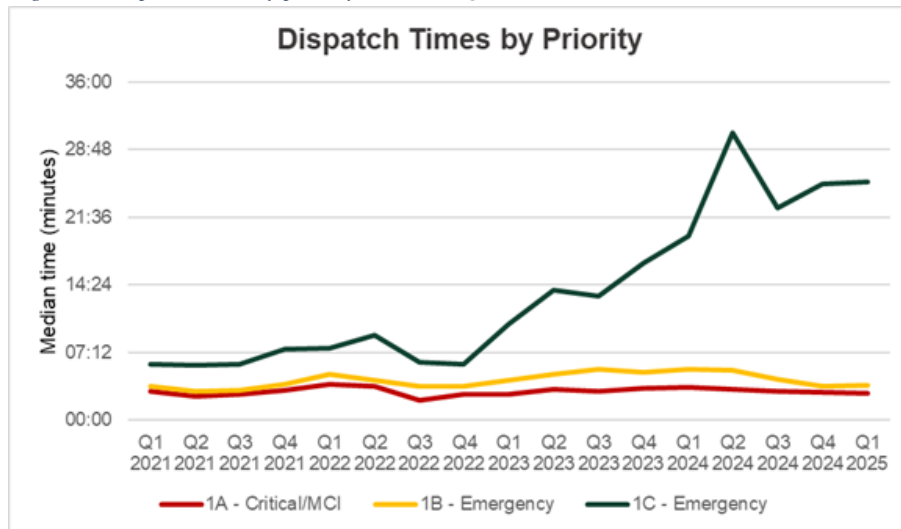


Figure 7 shows how dispatch times for different priority cases have changed over the last four years. Dispatch times for the highest priority emergencies (1A and 1B) have remained almost unchanged. This stability is attributable to having fewer 1A and 1B incidents and dispatchers being able to prioritise 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 ambulance 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.

Table 11: Percentage of incidents by Priority since 2021

Priority	Percentage of incidents			
	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%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>



## Response Time

**Response time** is the time between notification of an occurrence and the ambulance’s arrival at the scene. According to the WHO, an ideal response time for priority 1A critical cases is less than 8 minutes. NStJA targets 15 minutes in urban areas. This quarter’s median response time in minutes and seconds is shown below for each province. Target response times are:

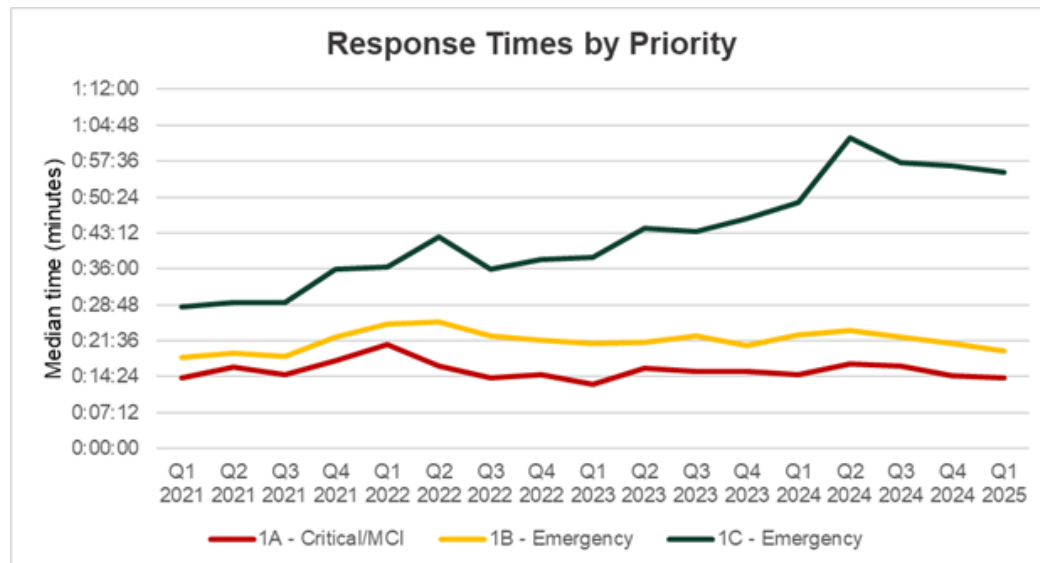
- Priority 1A: 15 minutes in urban areas, 45 minutes in rural areas
- Priority 1B: 20 minutes in urban areas, 60 minutes in rural areas

Table 12: Median response times, by priority, Q1 2025

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	13 min. 37 sec.	16 min. 41 sec.	48 min. 46 sec.	58 min. 47 sec.
Central	33 min. 5 sec.	61 min. 18 sec.	115 min. 26 sec.	144 min. 26 sec.
Morobe	12 min. 32 sec.	18 min. 53 sec.	53 min. 57 sec.	71 min. 36 sec.
East New Britain	30 min.	37 min. 56 sec.	81 min. 36 sec.	90 min. 25 sec.
National Median	14 min. 3 sec.	19 min. 28 sec.	55 min. 24 sec.	73 min. 28 sec.

Figure 8 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 8: 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

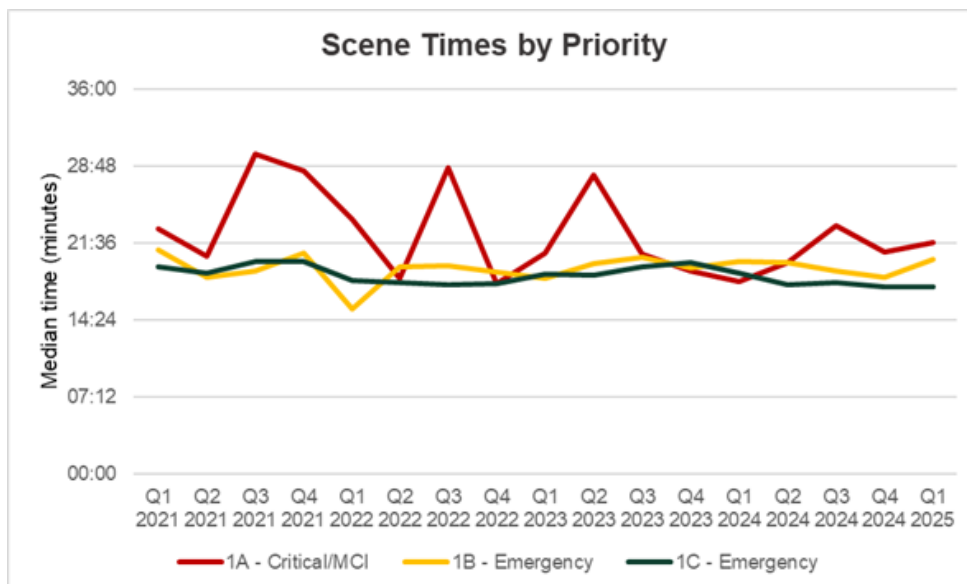
**Scene time** is the time between when the first ambulance arrives at the incident to when it departs the scene. The table below shows this quarter’s scene time in minutes and seconds. In most provinces, scene times were below target (30 minutes), indicating that crews treat and transport patients to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

Table 13: Median scene times, by priority, Q1 2025

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	22 min. 18 sec.	20 min. 20 sec.	17 min. 22 sec.	13 min. 59 sec.
Central	21 min. 57 sec.	21 min. 1 sec.	21 min. 1 sec.	25 min. 14 sec.
Morobe	16 min. 31 sec.	17 min. 32 sec.	16 min. 13 sec.	18 min. 10 sec.
East New Britain	-	24 min. 34 sec.	19 min. 56 sec.	19 min. 30 sec.
National Median	21 min. 39 sec.	20 min. 7 sec.	17 min. 28 sec.	16 min. 58 sec.

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





## Overall Case Time

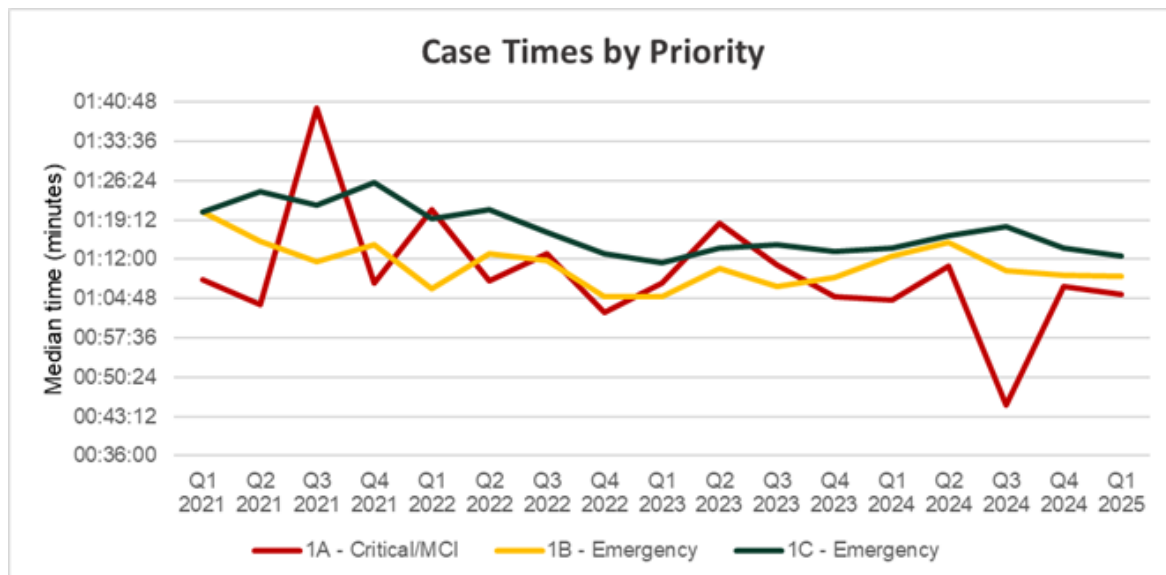
**Overall case time** is the time between when the emergency call is received by NStJA to when the ambulance arrives back at the station, (or is tasked to another emergency). The table below shows this median case time in minutes and seconds.

Table 14: Median case times, by priority, Q1 2025.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency:	Critical	Urgent	Urgent	Non-urgent
NCD	1 hr. 14 min.	1 hr. 8 min.	1 hr. 10 min.	1 hr. 53 min.
Central	1 hr. 54 min.	2 hr. 50 min.	2 hr. 21 min.	5 hr. 16 min.
Morobe	53 min.	55 min.	1 hr.	1 hr. 51 min.
East New Britain	-	1 hr. 45 min.	1 hr. 37 min.	2 hr. 50 min.
<b>National Median</b>	<b>1 hr. 10 min.</b>	<b>1 hr. 8 min.</b>	<b>1 hr. 12 min.</b>	<b>2 hr. 14 min.</b>

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 10: Scene times by priority, national, Q1 2021 onwards.





# Vehicle Metrics (National Level)

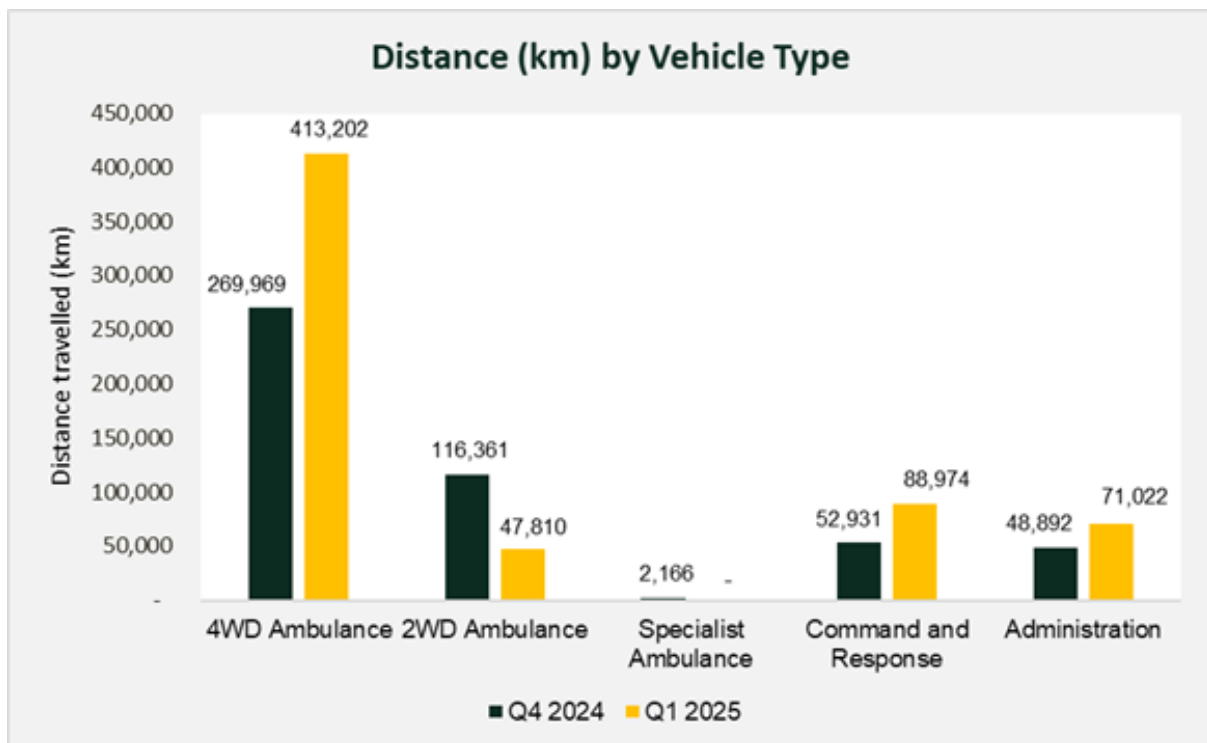
## Distance Travelled

Nationally, a total of 490,319 kilometres was travelled last quarter. This quarter, the distance increased to 621,008 kilometres (130,689 kilometres more than the previous quarter). The following graph and table illustrate this increase. The increase in distance travelled by 4WD ambulances reflects the addition of more of these vehicles to the fleet.

Table 15: Distance travelled by vehicle type (km), Q1 2025 vs Q4 2024

Vehicle Class	Q4 2024	Q1 2025	Change
4WD Ambulance	269,969	413,202	143,233
2WD Ambulance	116,361	47,810	-68,551
Specialist Ambulance	2,166	-	-2,166
Command and Response	52,931	88,974	36,043
Administration	48,892	71,022	22,130
<b>Total km travelled</b>	<b>490,319</b>	<b>621,008</b>	<b>130,689</b>

Figure 11: Distance travelled by vehicle type (km), Q1 2025 vs Q4 2024





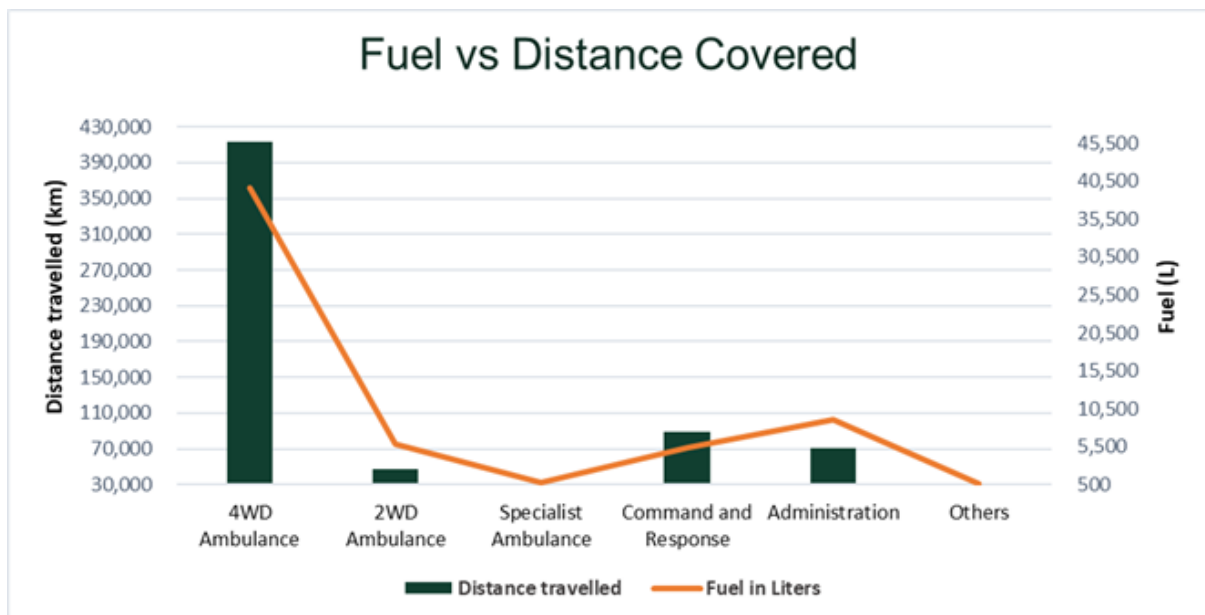
## Fuel Consumption

The table and chart below show fuel consumption in litres for Q1 2025 compared with Q4 2024, as well as fuel usage versus distance travelled for this quarter. The Specialist Ambulance vehicle shows fuel consumption but no mileage recorded. This is because the fuel was added in preparation for operational use; however, the vehicle remained idle or stationed during the reporting period. It had been placed on standby for emergency readiness, which prevented its use. Additionally, the refuelling may have occurred toward the end of the reporting cycle.

Table 16: Amount of fuel in litres consumed by quarter, Q1 2025 vs Q4 2024

Vehicle Class	Q4 2024	Q1 2025	Change
4WD Ambulance	39,342	39,679	337
2WD Ambulance	11,649	5,837	-5,812
Specialist Ambulance	371	729	358
Command and Response	6,934	5,407	-1,527
Administration	9,467	9,040	-9,467
Others	-	609	609
<b>Total fuel used (L)</b>	<b>67,762</b>	<b>61,301</b>	<b>-6,461</b>

Figure 12: Fuel vs distance travelled, by quarter, Q1 2025





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# Reporting by Province



# National Capital District



## Incidents by Electorate

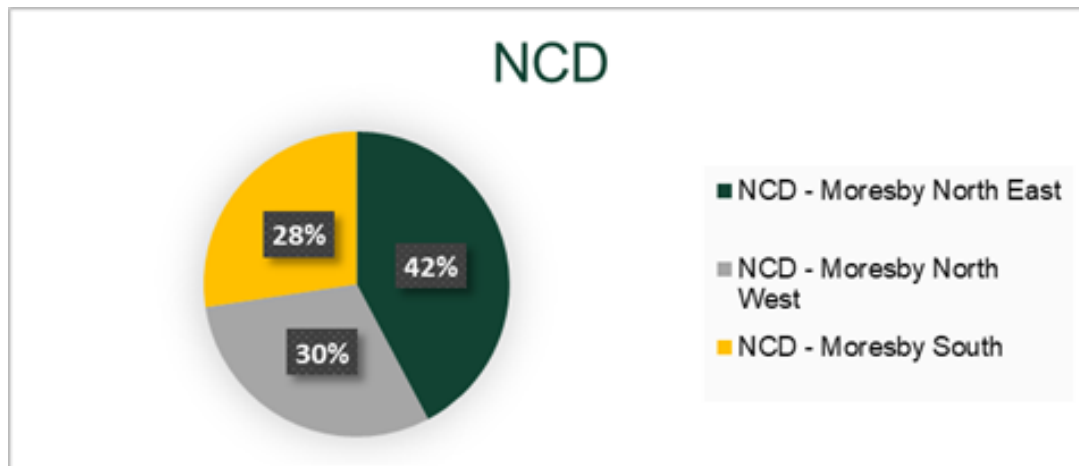
There has been an overall 14% increase in NCD incidents. This increase is particularly notable in Moresby South, which recorded a 19% growth compared to previous quarter. Several factors may have contributed to this trend, including signifying the positive impact of enhanced community health initiatives and the effectiveness of public awareness campaigns.

Table 17: Incidents by electorate, NCD, Q1 2025.

Electorate	Q4 2024	Q1 2025	% of total	Change	
				Number	%
NCD - Moresby North East	1,817	1,994	42%	177	10%
NCD - Moresby North West	1,221	1,431	30%	210	17%
NCD - Moresby South	1,084	1,293	27%	209	19%
<b>Total incidents</b>	<b>4,121</b>	<b>4,718</b>	<b>100%</b>	<b>597</b>	<b>14%</b>

Figure 13 shows the split of incidents by electorate in NCD.

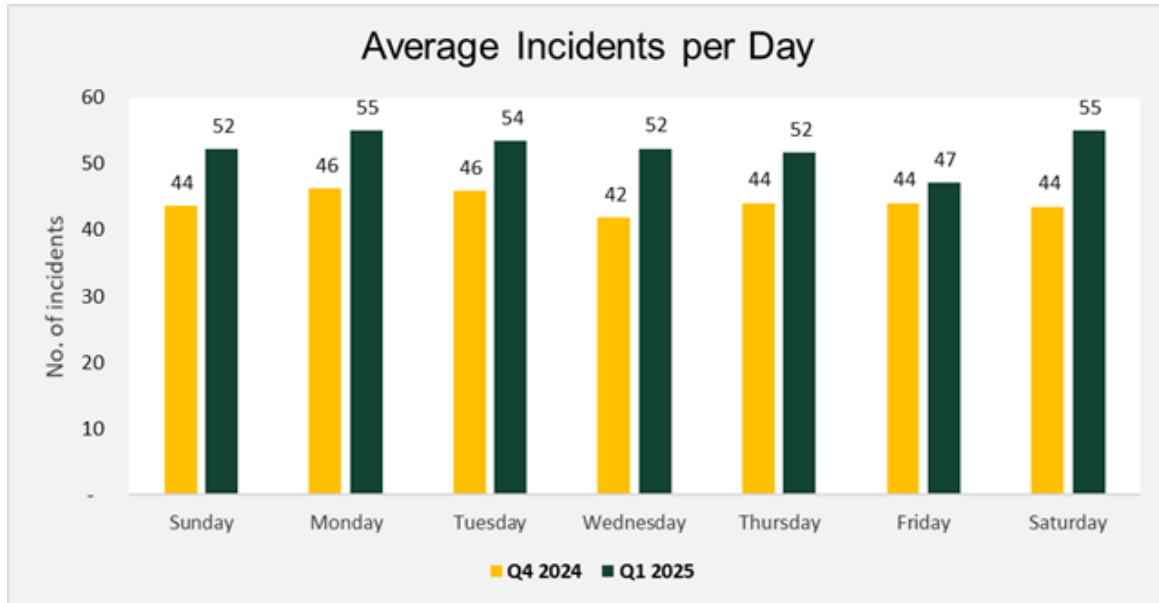
Figure 13: Share of incidents by electorate, NCD, Q1 2025



## Average Cases per Day

The graph shows that on average there were more incidents each day in Q1 2025 compared to Q4 2024. Saturday and Monday had the highest averages, while Wednesday had the lowest. Overall, incidents increased across all days compared to last quarter.

Figure 14: Average incidents per day for NCD, Q1 2025



## Distance Travelled by Vehicle Type

There was an 11% increase in km travelled in NCD in Q1 2025 compared with Q4 2024, as shown below.

Table 18: Distance travelled by vehicle type (km), NCD, Q1 2025 vs Q4 2025

Vehicle Class	Q4 2024	Q1 2025	Change
4WD ambulance	130,271	181,647	51,376
2WD ambulance	109,108	44,125	-64,983
Specialist Ambulance	2,166	-	-2,166
Command And Response	34,923	65,237	30,314
Administration	48,892	71,022	22,130
<b>Total distance travelled (km)</b>	<b>325,360</b>	<b>362,031</b>	<b>36,670</b>



# New Year Operations Update

## Papua New Guinea's National St John Green Angels Deliver Lifesaving Care Over New Year Despite Attack on Crew.

Port Moresby, 01 January 2025—The Green Angels from the National St John Ambulance Service (NStJA) ambulance pushed through overcoming an attack on one of their crew, ensuring that they responded to every request from the community for help during the New Year operation.

During the festive season, eighteen ambulance crews were on duty daily across four provinces—National Capital District, Central Province, Morobe Province, and East New Britain. From 6:00 PM on New Year's Eve to 6:00 AM on New Year the ambulance crews attended to 81 emergency incidents, providing critical care in situations ranging from motor vehicle accidents, respiratory issues, childbirth complications, gunshot wounds, snakebites and burns.

“Physical altercations accounted for 26% of the incidents we responded to,” said Duty Operations Commanding Officer Johell Tewi.

Tewi described the trauma emergency calls as sporadic in the early evening but noted a surge in emergencies after midnight.

Among the most alarming incidents was an attack on an ambulance crew near the 9- Mile Morobe Block while they were transporting a mother in labour to Port Moresby General Hospital from 14-Mile.

“A rock was thrown at the ambulance, shattering the rear window and injuring the mother. The woman sustained cuts from the shattered glass. An emergency stop was made at the Gordon's Police Station where she was transferred to another ambulance, for continued treatment and transport to the hospital.

Johell described the night as demanding and applauded the Green Angels for their resilience.

“We thank the Royal Papua New Guinea Constabulary for their critical support and security, which enabled the crews to safely reach and assist those in need,” he said.

He also issued a call to action for local leaders to advocate for the safety of ambulance and emergency workers in their communities, emphasising the importance of protecting those who dedicate themselves to saving lives.

“Amidst all the challenges, the dedication of our teams ensured that lifesaving care reached the people who needed it most,” Tewi said.





# Central Province



## Incidents by Electorate

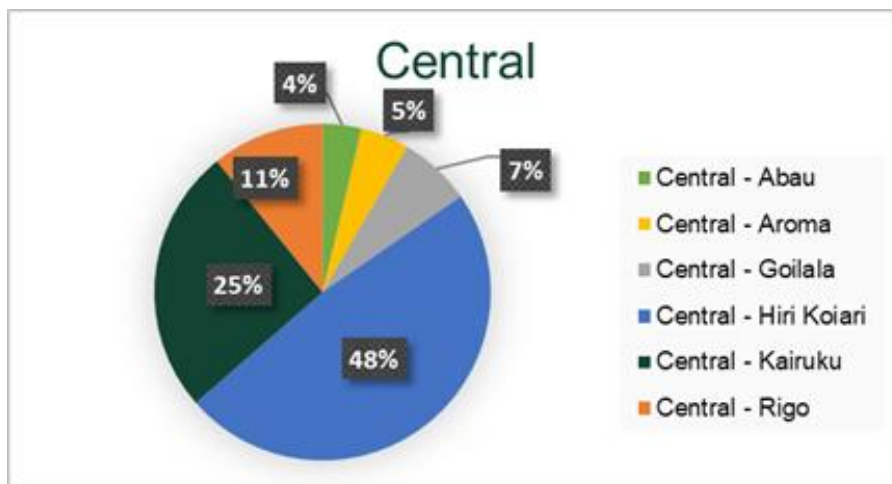
In Central Province, the Hiri-Koiari district, being the largest district in the province, accounted for the majority of incidents, 48% of the total this quarter. This significant percentage highlights the escalating demand for ambulance services in Hiri-Koiari, indicating a need for enhanced resources and support in this district to effectively manage the growing number of emergencies.

Table 19: Incidents by electorate, Central, Q1 2025

Electorate	Q4 2024	Q1 2025	% of total	Change	
				Number	%
Central - Abau	86	45	4%	-41	-48%
Central - Aroma	13	56	5%	43	331%
Central - Goilala	74	84	7%	10	14%
Central - Hiri Koiari	674	580	48%	-94	-14%
Central - Kairuku	285	308	26%	23	8%
Central - Rigo	121	130	11%	9	7%
<b>Total incidents</b>	<b>1,254</b>	<b>1,203</b>	<b>100%</b>	<b>-51</b>	<b>-4%</b>

Figure 15 shows the split of incidents by electorate.

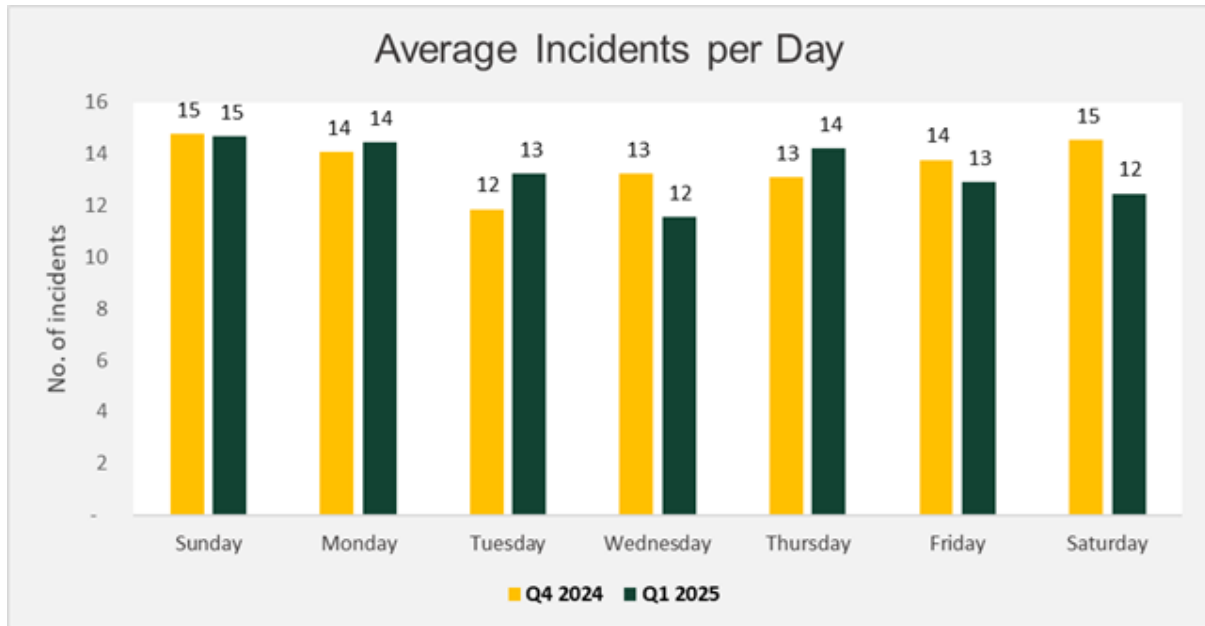
Figure 15: Share of incidents by electorate, Central, Q1 2025



## Average Cases per Day

This graph shows the average number of incidents per day in Q4 2024 and Q1 2025. Most days stayed about the same, with small changes. Sunday and Monday had no change. Tuesday, Wednesday, and Saturday saw slight drops in Q1 2025, while Thursday increased a bit. Overall, incident levels were fairly stable across both quarters.

Figure 16: Average cases per day for Central, Q1 2025



## Distance travelled

The distance covered increased by 71%, due to longer travel for patient transfers and higher demand on vehicles during the quarter.

Table 20: Distance travelled by vehicle type (km), Central, Q1 2025 vs Q4 2024

Vehicle Class	Q4 2024	Q1 2025	Change
4WD ambulance	52,850	90,564	37,714
<b>Total distance travelled (km)</b>	<b>52,850</b>	<b>90,564</b>	<b>37,714</b>





# East New Britain



## Incidents by Electorate

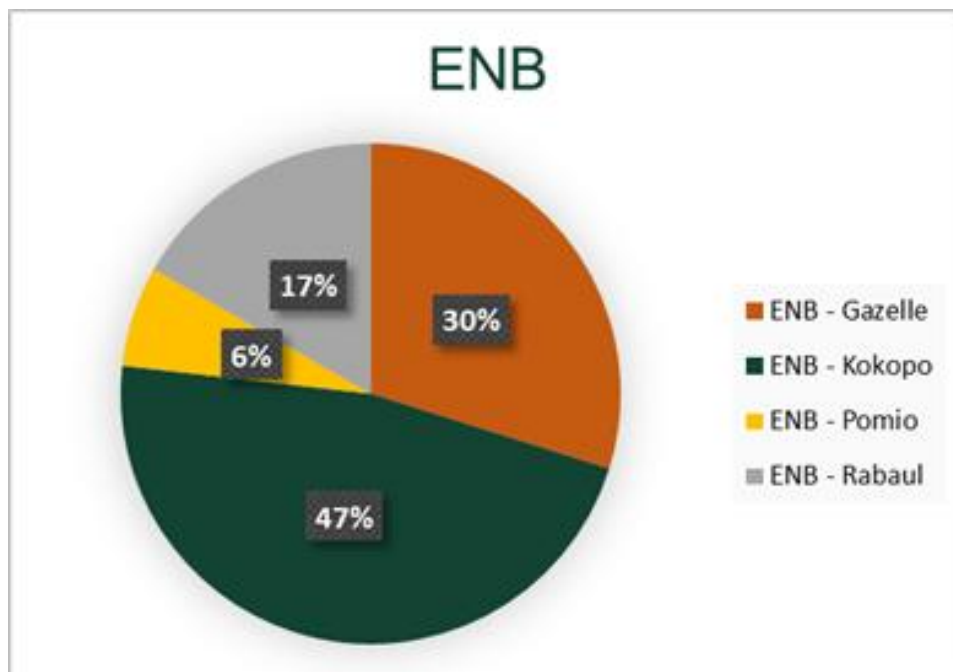
For this year, Kokopo and Gazelle in East New Britain together represented 77% of all reported incidents. Overall, the data shows incidents in East New Britain (ENB) decreased by 3% from Q4 2024 to Q1 2025.

Table 21: Incidents by electorate, ENB, Q1 2025

Electorate	Q4 2024	Q1 2025	% of total	Change	
				Number	%
ENB - Gazelle	218	225	30%	7	3%
ENB - Kokopo	351	354	47%	3	1%
ENB - Pomio	56	49	6%	-7	-13%
ENB - Rabaul	149	126	17%	-23	-15%
<b>Total incidents</b>	<b>774</b>	<b>754</b>	<b>100%</b>	<b>-20</b>	<b>-3%</b>

Figure 17 shows the split of incidents by electorate.

Figure 17: Share of incidents by electorate, ENB, Q1 2025

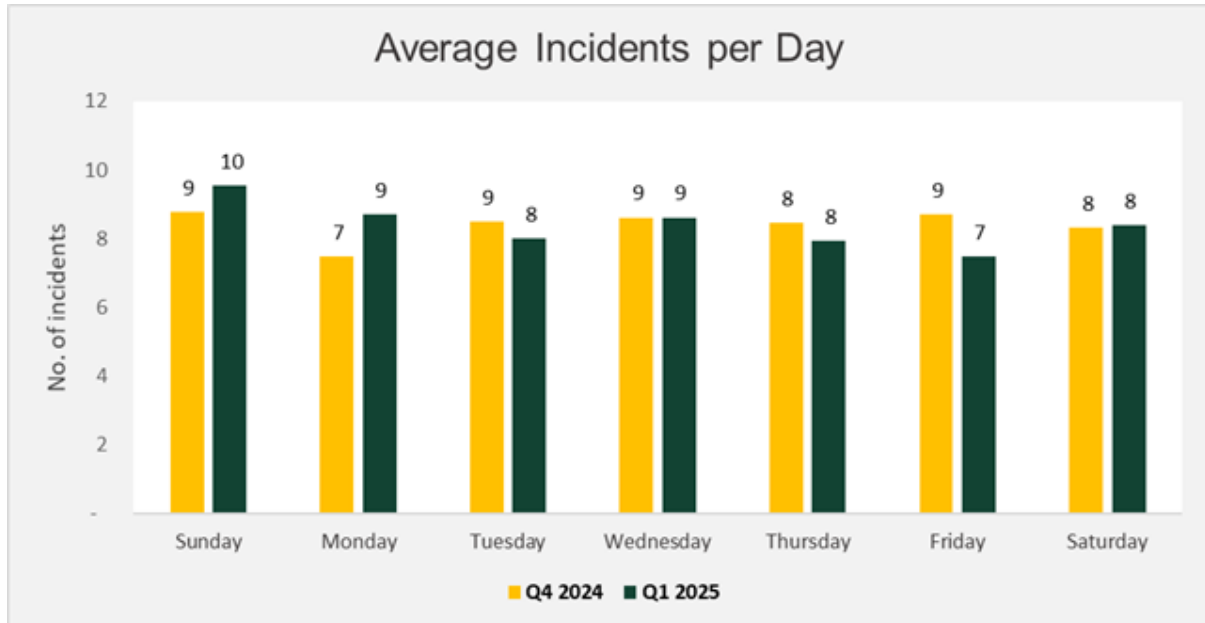




## Average Cases per Day

The graph illustrates a small change in average incidents per day between Q4 2024 and Q1 2025. Overall, incident numbers stayed quite steady. Sunday and Monday saw slight increases, while Friday had a small drop. The rest of the days remained the same. There is no major shift between the two quarters.

Figure 18: Average incidents per day for ENB, Q1 2025



## Distance Travelled by Vehicle Type

Table 22: Distance travelled by vehicle type (km), ENB, Q1 2025 vs Q4 2024

Vehicle Class	Q4 2024	Q1 2025	Change
4WD ambulance	48,891	76,870	27,979
2WD ambulance	1,748	3,685	1,937
Command and Response	1,156	849	-307
<b>Total distance travelled (km)</b>	<b>51,795</b>	<b>81,404</b>	<b>29,609</b>



# Lae City & Morobe Province



## Incidents by Electorate

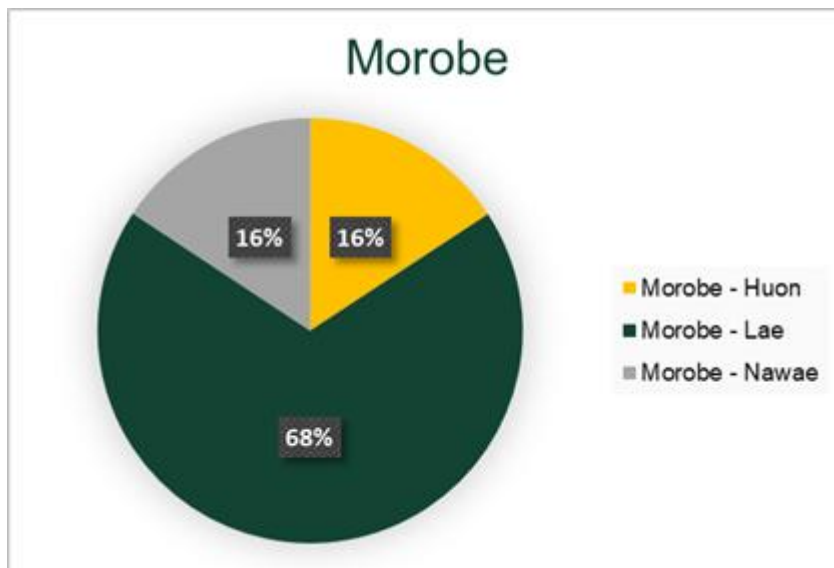
In Morobe, Lae City accounted for the highest proportion of incidents, representing 69% of the total among electorates. Overall, the data indicates a 10% increase in incidents across Morobe electorates from Q4 2024 to Q1 2025, reflecting an increase in reported incidents since last quarter.

Table 23: Incidents by electorate, Morobe, Q1 2025

Electorate	Q4 2024	Q1 2025	% of total	Change	
				Number	%
Morobe - Huon	500	505	16%	5	1%
Morobe - Lae	1,946	2,195	69%	249	13%
Morobe - Nawae	464	503	16%	39	8%
<b>Total incidents</b>	<b>2,910</b>	<b>3,203</b>	<b>100%</b>	<b>293</b>	<b>10%</b>

Figure 19 shows the split of incidents by electorate.

Figure 19: Share of incidents by electorate, Morobe, Q1 2025

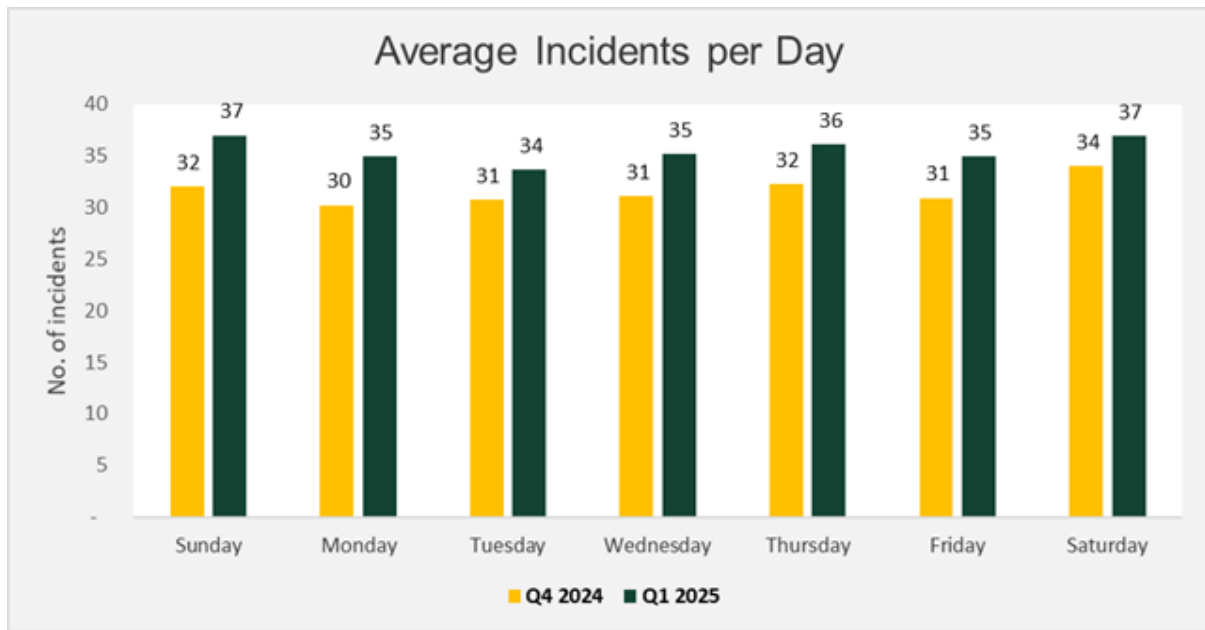




## Average Incidents per Day

For this quarter, the average daily number of incidents was slightly higher than in Q4 2024, with small increases on most days except Wednesday, which stayed the same. Saturday and Sunday recorded the highest counts, reaching 37 incidents per day, while other days showed more gradual changes.

Figure 20: Average calls per hour, Morobe, Q1 2025



## Distance Travelled by Vehicle Type

The table below highlights a notable increase in emergency vehicle usage in Morobe for Q1 2025 compared to Q4 2024, with the total distance travelled rising by 25,723 km. The most significant increase was recorded for 4WD ambulances, which travelled an additional 25,192 km. Command and response vehicles also saw a moderate rise of 6,036 km. In contrast, 2WD ambulances recorded no distance in Q1 2025. This shift suggests a growing reliance on 4WD ambulances for emergency response operations.

Table 24: Distance travelled by vehicle type (km), Morobe, Q1 2025 vs Q4 2024

Vehicle Class	Q4 2024	Q1 2025	Change
4WD ambulance	37,957	63,149	25,192
2WD ambulance	5,505	-	-5,505
Command And Response	16,852	22,888	6,036
<b>Total distance travelled (km)</b>	<b>60,314</b>	<b>86,037</b>	<b>25,723</b>



# Service Fees

**Thanks to partial government funding, the National St John Ambulance responded to 9,405 emergency incidents without any cost to the patient or their family.**

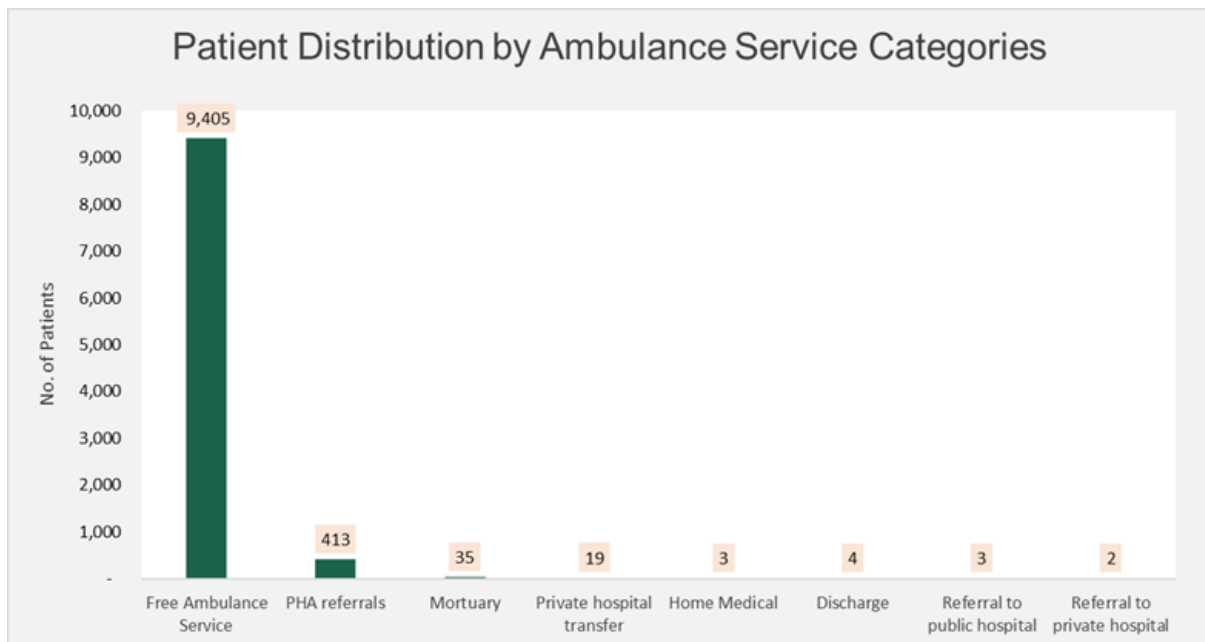
Emergency ambulance services are provided at **no cost** to Papua New Guineans and permanent residents when patients require transport to a public hospital.

The estimated cost for National St John Ambulance (NStJA) to deliver care and transport for one patient is approximately PGK 600. Of this, the Government currently contributes an average of PGK 400 per case. NStJA must fundraise the remaining PGK 200 through community support, enterprise-for-fundraising, and donations.

While demand for ambulance services has grown by over 30% in recent years, government funding has remained largely unchanged since 2019. This widening gap is placing significant pressure on NStJA’s ability to sustain and expand services equitably across the country.

To ensure all Papua New Guineans continue to receive timely and lifesaving care—regardless of their ability to pay—increased and sustained investment from government is essential. The graph below demonstrates the scale of this commitment, with the vast majority of cases falling under the ‘free ambulance service’ category. This reflects NStJA’s mission to deliver accessible, equitable, and lifesaving healthcare to all Papua New Guineans—regardless of their ability to pay.

Figure 21: Number of patients treated, by billing category, Q1 2025.





## Private Booking Fees

As a statutory organisation, the National St John Ambulance (NStJA) is occasionally engaged by individuals or organisations for private or non-emergency ambulance bookings. In the interest of fairness to taxpayers, these services are offered on a user-pays basis.

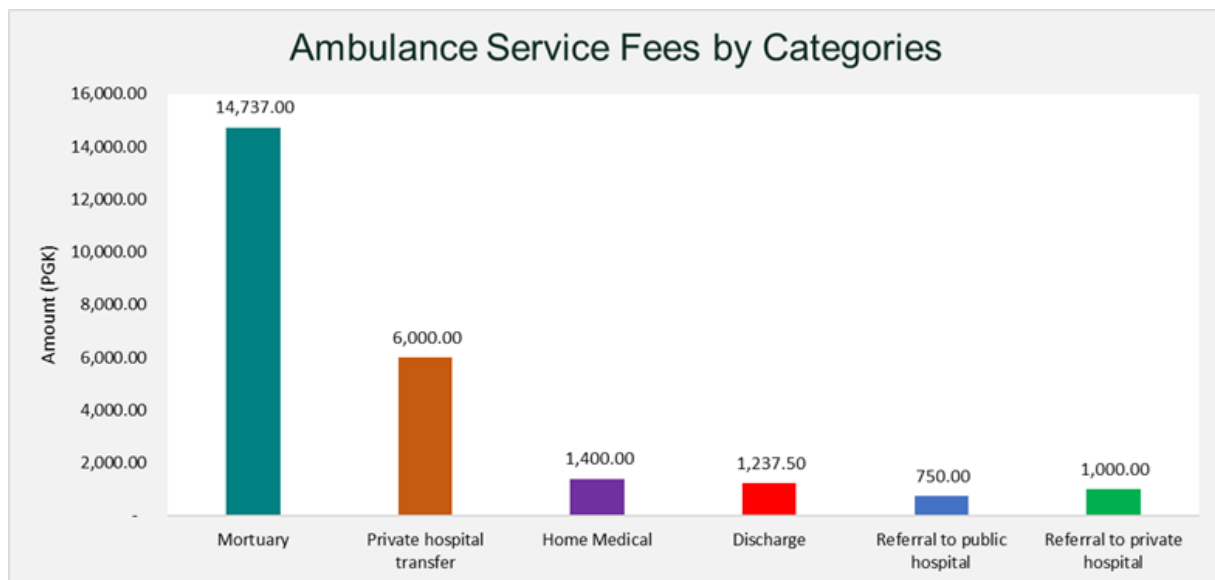
Such requests may include transport to private hospitals, patient discharges from public hospitals to home, transfers to airports for overseas medical care, or mortuary transfers requested by families. NStJA charges fees for these services on a cost-recovery basis to ensure financial sustainability and support continued delivery of essential emergency care.

Full cost recovery is applied to services for international visitors and deceased transfers. Public hospital referrals are offered at a subsidised rate, with government funding helping to keep these services more affordable for Papua New Guinean patients.

NStJA maintains a strict no-cash policy, with all payments for private services processed via EFTPOS or bank transfer since the second quarter of 2022.

For this quarter, a total of PGK 25,124.50 was collected in private patient fees. These funds directly contributed to subsidising the cost of delivering free emergency ambulance services to the public, reinforcing NStJA’s commitment to equitable healthcare access.

Figure 22: Ambulance service fees by category, Q1 2025



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

Table 25: Ambulance fees, PGK, Q1 2025 vs Q4 2024

Form of Payment	Q4 2024	Q1 2025
Cash	-	-
EFTPOS	42,612.50	25,124.50
Cheque/Internet transfer	-	-
<b>Total (PGK)</b>	<b>42,612.50</b>	<b>25,124.50</b>



# National Aeromedical Retrieval Service

NStJA provides aeromedical services for patients across Papua New Guinea. NStJA has flight-trained doctors, nurses and paramedics who work on chartered helicopters and planes. These professionals retrieve patients from remote areas and transport them to the safety of PNG's leading hospitals.

The service caters to both planned patient transfers and swift responses to emergent situations, demonstrating NStJA's commitment to providing comprehensive and timely healthcare. This crucial service ensures that even the most isolated communities have access to urgent medical care.





# Air Ambulance Services

## Fixed wing missions and flight hours

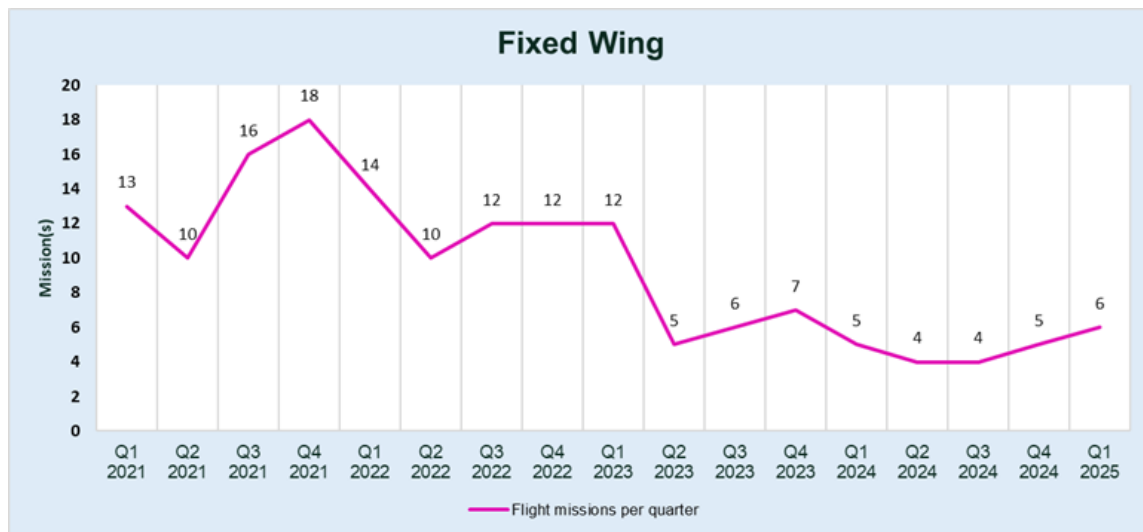
NStJA coordinated six (6) fixed-wing missions this quarter.

Table 26: Fixed-wing missions, Q1 2025 vs Q4 2024

Fixed-wing	Q4 2024	Q1 2025
Southern	0	1
Momase	1	0
NGI	2	1
Highlands	2	3
Australia	0	1
International (other)	0	0
<b>Total missions</b>	<b>5</b>	<b>6</b>

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

Figure 23: 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 27: Fixed-wing flight hours, Q1 2025 vs Q4 2024

Fixed wing	Q4 2024	Q1 2025
Southern	0	2
Momase	2	0
NGI	8.5	4
Highlands	5.6	6
Australia	0	7
International (other)	0	0
<b>Total hours</b>	<b>14.1</b>	<b>18</b>

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

Figure 24: Fixed-wing flight hours by quarter, Q1 2021 onwards





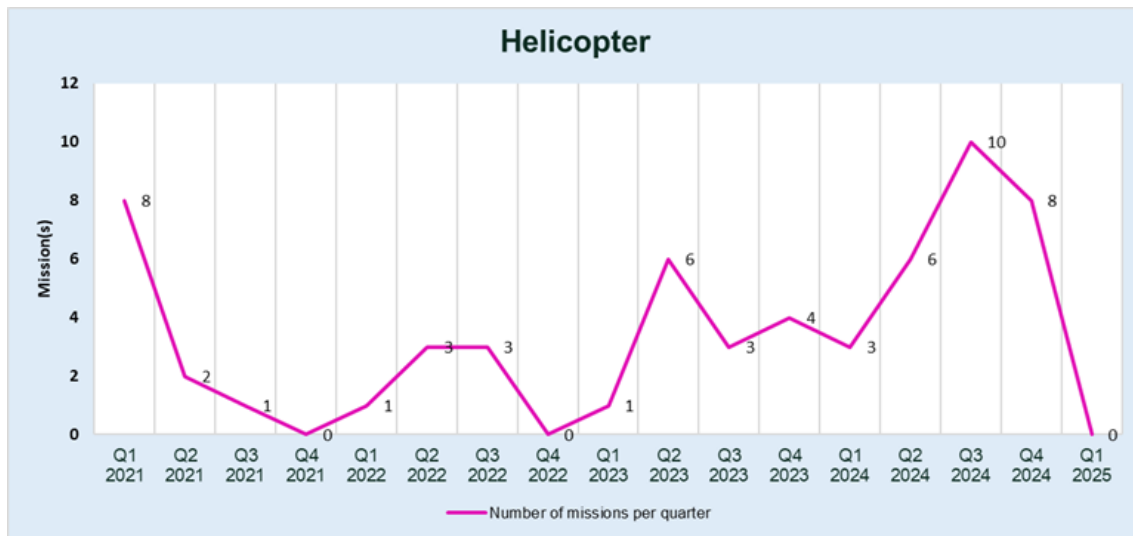
## Helicopter missions and flight hours

Table 28: Helicopter missions, Q1 2025 vs Q4 2024

Helicopter	Q4 2024	Q1 2025
Southern	8	0
Momase	0	0
NGI	0	0
Highlands	0	0
International	0	0
<b>Total hours</b>	<b>8</b>	<b>0</b>

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

Figure 25: Helicopter missions by quarter, Q1 2021 onwards





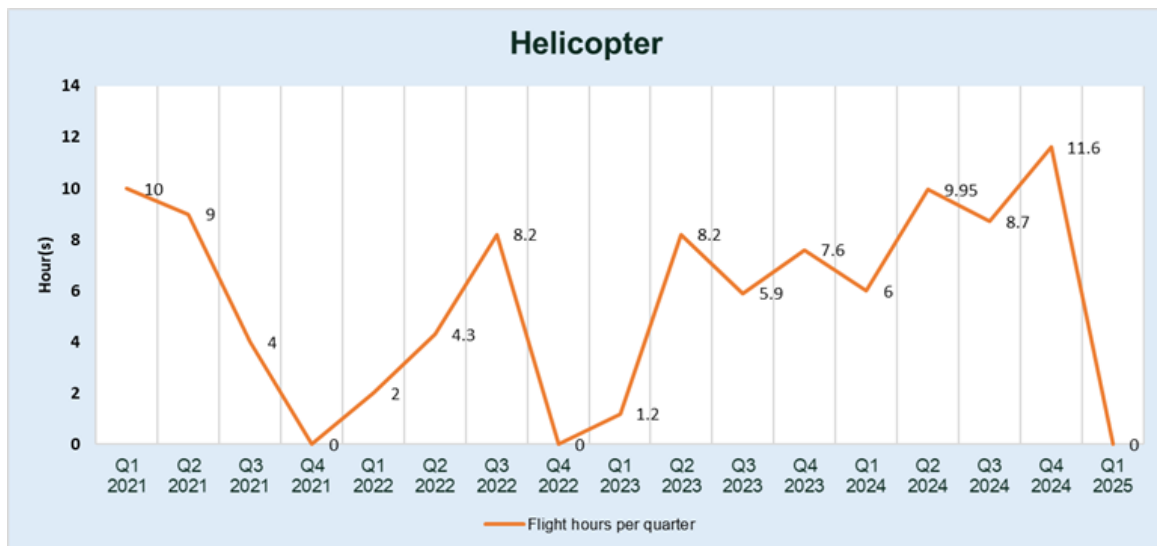
The total hours flown by helicopter to provide care last quarter compared to this quarter are shown below.

Table 29: Helicopter flight hours, Q1 2025 vs Q4 2024

Helicopter	Q4 2024	Q1 2025
Southern	11.6	0
Momase	0	0
NGI	0	0
Highlands	0	0
International	0	0
<b>Total hours</b>	<b>11.6</b>	<b>0</b>

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

Figure 26: Helicopter flight hours by quarter, Q1 2021 onwards

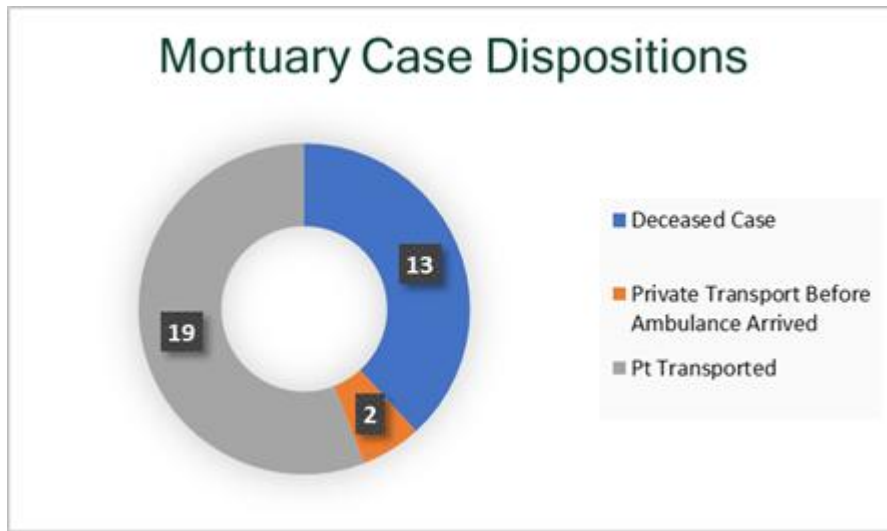


## Mortuary Case Dispositions

This section outlines the breakdown of mortuary-related cases attended by NStJA during the reporting period, focusing on case dispositions and identifying paid service usage.

A total of 34 mortuary-related cases were recorded. These were categorized into three main dispositions.

Figure 27: Graphical representation of distribution of mortuary dispositions.



Of the 34 mortuary-related cases recorded, 15 were identified as paid mortuary transfers. These include deceased cases formally transferred to a mortuary and specific patient transports billed as part of mortuary services.

While 19 patients were transported, only 15 were confirmed as paid cases, suggesting that not all ambulance movements linked to mortuary tasks result in a chargeable event. Additionally, 2 patients were privately transported before ambulance arrival.

Mortuary responses account for a varied workload, with only a portion qualifying as paid services. Continuous tracking of dispositions is essential to support operational planning and financial reporting.



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# Key Performance Indicators

## Ambulance Operations Centre 111

Area	Target	Indicator Source	Qtr 1 Indicator
Call Answering Time	Calls to 111 are answered by the call-taker within 10 seconds on average	PABX call-logs	10 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	5 minutes
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	4 minutes
Caller Satisfaction	≥ 90% of the callers' report that the 111 call-taker was helpful	CAA Patient Experience Survey	95% caller satisfaction

## Ambulance Service Key Performance Measures

Area	Target	Indicator source	Qtr 1 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 13 minutes 53 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 19 minutes 40 seconds
Patient Satisfaction	≥ 90% of patients report being satisfied or very satisfied with NStJA's service	CAA Patient Experience Survey	95% Satisfaction



# Education & Training

Period Ending: 31/03/25

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

## First Aid in Schools

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

Province	School Name	Days of training	Students Completed	Student satisfaction score (average)
NCD	La Salle Technical Secondary School	3	342	NA
NCD	Mary Help of Christian	3	79	NA
NCD	Kopkop College	1	39	NA
NCD	Tengei Christian College	1	22	NA
<b>TOTAL</b>		<b>8</b>	<b>482</b>	

## First Aid and Ambulance Awareness (FAAA)

Free first aid and ambulance awareness for primary schools in NCD

Province	School Name	Student numbers	Comments
NCD	Home schoolers	30	Tour at NAOC, demonstrated first aid skills and A99 tour with assistance from Ambulance Ops team.



# About the National St John Ambulance Council of Papua New Guinea

The National St John Ambulance Council of Papua New Guinea (NStJA) is the statutory body identified by law to deliver ambulance and related emergency services. It operates in six of Papua New Guinea's 22 provinces, covering a population catchment of approximately 3.5 million people.

Established under the St John Council Incorporation Act 1976, NStJA operates in partnership with the National Department of Health (NDoH) and Provincial Health Authorities (PHAs) to ensure timely, quality, and lifesaving ambulance services are accessible to all Papua New Guineans, including in remote and rural communities.

## National Coverage and Capabilities

As the only dedicated statutory ambulance service in Papua New Guinea, NStJA is responsible for managing ambulance operations in both urban centres and rural and remote locations. The service maintains a dedicated aeromedical retrieval capability, working in partnership with Tropicair, Helifix, and Farland Aviation to provide emergency medical evacuations across the country. These capabilities are critical to reaching patients in isolated areas where road access is limited or non-existent.

## Collaborative Partnerships

NStJA maintains strong operational partnerships with public hospitals, provincial health authorities, national government agencies, and private and aid sector organisations. These partnerships support an integrated emergency response system, helping to optimise scarce health resources, reduce response times, and improve clinical outcomes for patients.

Since 1983, NStJA has been engaged under an Agreement with the National Department of Health to deliver the national ambulance service. As responsibility for health services has transitioned to PHAs, NStJA continues this work under MOAs with individual provinces, ensuring local-level ownership and alignment with provincial health strategies.



## Community Health and Outreach

In addition to frontline emergency response, NStJA is committed to improving community resilience and public health literacy. Through programs such as:

- First Aid, CPR, and AED training
- WHO-endorsed Basic Emergency Care courses for doctors and nurses
- Snakebite prevention and treatment partnerships, including managing the distribution of AUD \$1.3m in CSL Seqirus antivenom donations across the country.
- Health care awareness and educational outreach.

**NStJA empowers communities to respond to emergencies and contributes capacity within the health system. The organisation also facilitates youth development initiatives and public safety campaigns to promote a culture of preparedness.**

## Financial Sustainability

NStJA's lifesaving work is made possible through a combination of government funding, corporate donations, and user-pays services. While government support remains the cornerstone of service provision, rising demand and operational costs have led to an increasing reliance on enterprise-for-fundraising, private partnerships, and fee-based non-emergency services to ensure sustainability.

**Ongoing investment is essential to:**

- Maintain and upgrade ambulance fleets and equipment
- Train and retain skilled clinical and operational staff
- Expand coverage into unserved and underserved areas

As a public service provider, NStJA operates with a focus on equity, accountability, and national impact, striving to deliver emergency care that is accessible to all, regardless of ability to pay.

## 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)

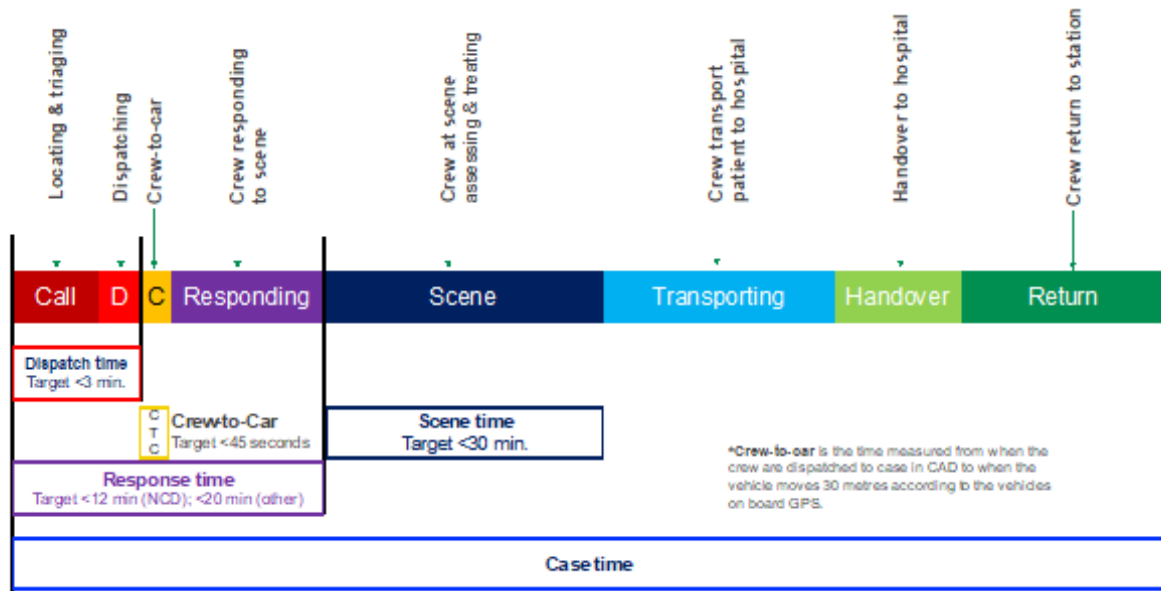


# Terminology

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

Term	Definition	Comment
<b>Incident</b>	An event that results in a demand for ambulance resources to respond.	Incidents are logged in CAD as a case. Incidents are measured using CAD data.
<b>Response</b>	An ambulance response is a vehicle sent to an incident.	There may be multiple responses to one incident if several units are dispatched to a single incident
<b>Patient</b>	A patient is someone assessed, treated, or transported by the ambulance service.	<p>Patients are counted by the number of episodes. Patients may be the subject of more than one (1) episode per year.</p> <p>The ambulance worker completes an individual ‘patient care report’ for each patient. The patient care report is documented either on a paper sheet or using NStJA’s eMR system.</p>

# Key Incident Time Intervals





## Response priorities

Response Code	Problem	Urgency	Lights & Sirens	Recommended resources to send	Target response time (median)
<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 15 minutes (Ideally < 8 minutes)
<b>1B</b>	Potentially life-threatening problem <i>e.g., unconscious, severe trauma</i>	<b>Immediate</b> High priority	Yes	1 – 2	Within 20 minutes
<b>1C</b>	Possible life-threatening emergency <i>e.g., serious bleeding, breathing problem</i>	<b>Priority</b>	Yes	1 - 2	Within 30 minutes
<b>2A</b>	Unlikely threat to life <i>e.g., abdominal pain, minor trauma</i>	<b>Urgent</b>	No	1	Within 90 minutes
<b>2B</b>	No immediate threat <i>e.g., minor illness/injury, limb injury</i>	Mobilise when sufficient resources available	No	1	Within 120 minutes
<b>3</b>	Hospital transfer, inter-facility transport	Within requested timeframe	No	1	Within 180 minutes
<b>4-9</b>	Non-emergency	Routine transport	No	1	-

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# Papua New Guinea Since 1957

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

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