

OFFICIAL



National Department of Health



# Ambulance Service Activity Report Quarter Two

1 APRIL – 30 JUNE 2025

A public service agency of the National Department of Health

## Executive Summary

The Quarter Two 2025 Ambulance Activity Report outlines the National St John Ambulance's growth, challenges, and operational performance across Papua New Guinea from **1 April to 30 June 2025**, the service responded to 10,109 incidents, marking a 2% 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 10,109 incidents, a 2% increase from Q1 2025. Assisted 7,161 patients; 6,854 transported by ambulance. Covered 465,139 km, a 25% decrease from Q1. This reduction is largely attributed to the transition between fleet management systems, which temporarily impacted reporting and operational tracking. There has also been a decline in the number of incidents NStJA is able to respond to due to fleet issues, mainly an aging fleet and increased downtime for maintenance, meaning we are sometimes unable to reach patients, which remains a key challenge.
- **Call Centre Efficiency:** Maintained high satisfaction — 95% for both callers and patients.
- **Response Times:** National median for (Priority 1A) incidents: 15 min 27 sec. Faster response in urban centres (e.g., NCD at 12 min 45 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 1,615 individuals trained, including 598 students in Free First Aid in Schools, 1,017 workers in workplace first aid.
- **Aeromedical Services:** Completed 8 fixed-wing missions (up from 6), including two international evacuations and 9 helicopter missions. Total flight time is 36.3 hours, ensuring critically ill patients from regional and remote areas received timely care.
- **Ambulance Revenue:** Services remained free for public hospital patients. Generated PGK 24,974.50 from private and mortuary bookings to help sustain operations.
- NStJA has made good progress in improving service coverage, staff training, and response times. However, fixed government funding, an aging fleet with increased maintenance downtime, and a growing demand for ambulance services beyond current capacity remains a significant challenge. Without ongoing support and additional resources, delays, especially in rural areas, will continue to persist.

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

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

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

# Contents

Emergency Incident Growth .....	4
Incidents by Clinical Presentation (Medical Problem) .....	5
Incidents by Province and Clinical Presentation .....	6
Peak Call Periods.....	8
Average Cases per Day.....	8
Patients by Age and Gender .....	9
Median Response Performance by Priority .....	10
National Capital District.....	18
Central Province.....	21
East New Britain.....	23
Lae City & Morobe Province .....	25
Private Booking Fees.....	28
Air Ambulance Services.....	30
Mortuary Case Dispositions .....	34
Ambulance Operations Centre 111 .....	35
Ambulance Service Key Performance Measures .....	35
First Aid in Schools .....	36
First Aid and Ambulance Awareness (FAAA) .....	36
NStJA Station Locations .....	39
Terminology .....	40
Key Incident Time Intervals.....	40
Response priorities .....	41

## **Reporting period:**

This report covers National St John Ambulance activity in quarter two, from **1 April to 30 June 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 Two

## Ambulance Service Data

Table 1: Ambulance service summary data, Q2 2025 vs Q1 2025

Metric	Q1 2025	Q2 2025	% change
Emergency calls handled 📞	19,947	23,614	18%
Emergency incidents 🚑	9,885	10,109	2%
Patients assisted * 🏠	8,485	7,161	-16%
Patients transported 🚚	6,827	6,854	0.4%
Distance covered (km) 📏	621,008	465,139	-25%
Fuel consumed (L) ⛽	61,301	58,963	-4%
Caller satisfaction 👍	95%	98%	3%
Patient satisfaction 😊	95%	100%	5%

\*Patients assisted by ambulance (treated at scene and/or transported to hospital) that are documented using an electronic medical report system.

### National Time-based Operational Performance Measures

Table 2 provides an overview of the national operational performance for this quarter. Where response times exceeded the target, this was primarily due to the distance and geographical challenges between the station and the patient's location and the availability of an ambulance at the time of the call.

Table 2: Time-based operational performance measures, National, Q2 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	Q2	Target	Q2	Target	Q2	Target	Q2
Dispatch time (median)	< 90 seconds	2 min. 38 sec.	< 120 seconds	3 min. 24 sec.	< 3 minutes	29 min. 49 sec.	When appropriate resourcing is available	52 min. 50 sec.
Response time (median)	< 45 min. (where possible)	15 min. 27 sec.	< 60 minutes	18 min. 36 sec.	< 90 minutes	60 min. 9 sec.	As soon as practicable	89 min. 50 sec.
Scene time (median)	30 minutes	20 min. 22 sec.	30 minutes	19 min. 28 sec.	30 minutes	16 min. 50 sec.	Case dependent	17 min. 12 sec.
Overall Case time (median)	1 hr 15 minutes	1 hr. 15 min.	2 hours	1 hr. 9 min.	2 hours	1 hr. 12 min.	Case dependent	2 hr. 37 min.



## Ambulance Staff Trained

Table 3: Number of ambulance staff trained Q2 2025 vs Q1 2025 (courses completed)

Courses	Q1 2025	Q2 2025
First Responder 🚑	17	-
Ambulance Officer 🚑	-	-
RAO/RAD 🚑	4	-
<b>Total</b>	<b>21</b>	<b>-</b>

## Public Trained in First Aid

Table 4: Number of people trained in first aid, and student satisfaction, Q2 2025 vs Q2 2025

Metric	Number trained			Student satisfaction 🗳️	
	Q1 2025	Q2 2025	% change	Q1 2025	Q2 2025
Free First Aid in Schools 🏫	482	598	24%	-	
First Aid for Work* 🧑🏭🧑🏫🧑🏩	872	1,017	17%	97%	98%
Public Awareness 🧑🏫	30	4,907	16,257%	-	
Hosp Advanced Resus 🏥	-	-	-	-	
<b>Total</b>	<b>1,384</b>	<b>6,522</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, 30 June 2025

24-hour resources	NCD	Central	Morobe	ENB	Total
Advanced Life Support	1	-	-	-	<b>1</b>
Basic Life Support	6	-	2	1	<b>9</b>
Reservist	-	2	-	-	<b>2</b>
Paramedic/HEO standby	-	-	-	-	-
<b>Total</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>12</b>



Table 6: On-call resources, by province, 30 June 2025

On-call resources	NCD	Central	Morobe	ENB	Total
Reservist	-	2	-	-	2
Advanced Life Support	-	-	-	-	-
Paramedic	-	-	-	-	-
Doctor	2	-	-	-	2
Command	2	1	1	1	5
<b>Total</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>9</b>

The number of operational and corporate staff in each province is summarised below. The workforce figures represent staffing as at 30 June 2025:

Table 7: Number of staff by clinical level and province, 30 June 2025.

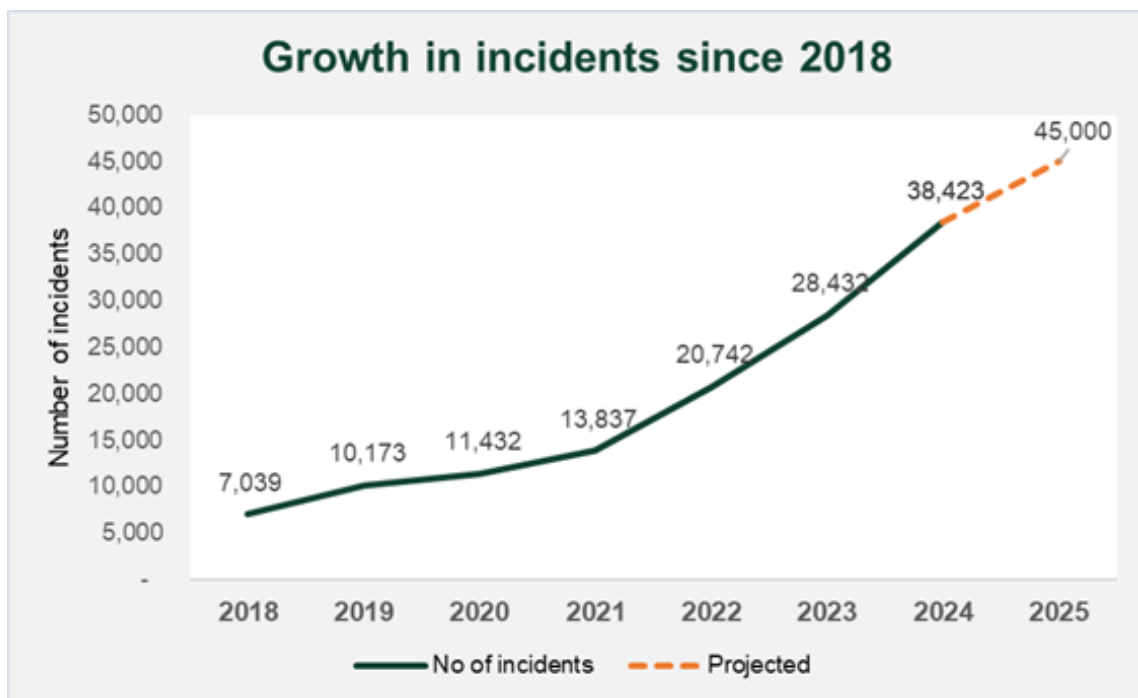
Province	NCD	Central	Morobe	ENB	Hagen	Total
<b>Clinical staff</b>						
Ambulance Driver (AD)	-	11	5	-		16
Reservist Ambulance Officer (RAO)	-	1	-	3		4
Ambulance Officer L1 (AO1)	21	-	-	-		21
Ambulance Officer L2 (AO2)	7	-	5	-		12
Ambulance Officer L3 (AO3)	29	-	5	3		37
Emergency Medical Technician (EMT)	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 10,109 incidents, representing a 2% increase compared to the last quarter.

Table 8: Incidents by clinical presentation Q2 2025 vs Q1 2025

Clinical Presentation	Q1 2025	Q2 2025	Change	
			Number	%
Medical general	3,706	3,611	-95	-3%
Obstetric/maternal	1,413	1,654	241	17%
Trauma	1,156	1,071	-85	-7%
Respiratory	1,370	1,458	88	6%
Gastrointestinal	821	781	-40	-5%
Transfer	928	1,025	97	10%
Cardiovascular	271	265	-6	-2%
Bites/stings	89	84	-5	-6%
Motor vehicle collision	64	94	30	47%
Toxicology	44	45	1	2%
Shooting	16	15	-1	-6%
Mental health	7	6	-1	-14%
<b>Total</b>	<b>9,885</b>	<b>10,109</b>	<b>224</b>	<b>2%</b>

### Analysis of Clinical Presentation (Medical Problem)

The table shows a 2% overall increase in clinical presentations, rising from 9,885 in Q1 to 10,109 in Q2 2025. The most notable growth was recorded in motor vehicle collision cases, which rose sharply by 47% (30 cases), followed by obstetric/maternal cases with a 17% increase (241 cases). Transfer presentations also grew by 97 cases (10%), while respiratory and toxicology cases recorded smaller increases of 6% (88 cases) and 2% (1 case), respectively.

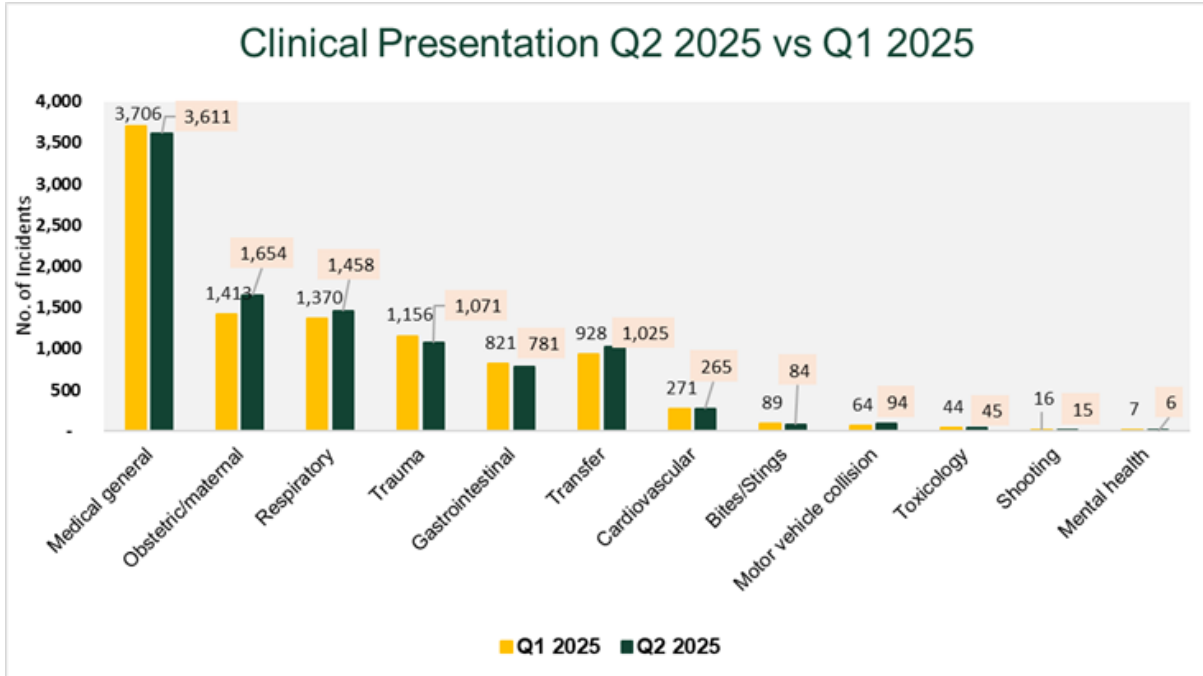
Conversely, several categories experienced declines. Medical general cases dropped by 95 cases (-3%), trauma fell by 85 cases (-7%), and gastrointestinal cases decreased by 40 cases (-5%). Bites/stings also reduced by 6% (5 cases), while cardiovascular cases declined slightly by 2% (6 cases). Shootings dropped by 6% (1 case), and mental health presentations, though already very low, fell further by 14% (1 case).

Overall, the data indicates steady demand in most categories, with significant increases in motor vehicle collisions and maternal care, alongside moderate growth in transfer and respiratory cases, while declines were mainly seen in general medical, trauma, and gastrointestinal presentations.



Figure 2 shows this quarter’s incidents that NSTJA attended nationally, by clinical presentation, in graphical format.

Figure 2: Clinical presentations Q2 2025 vs Q1 2025



## Incidents by Province and Clinical Presentation

Table 9 indicates incidents by province and clinical presentation:

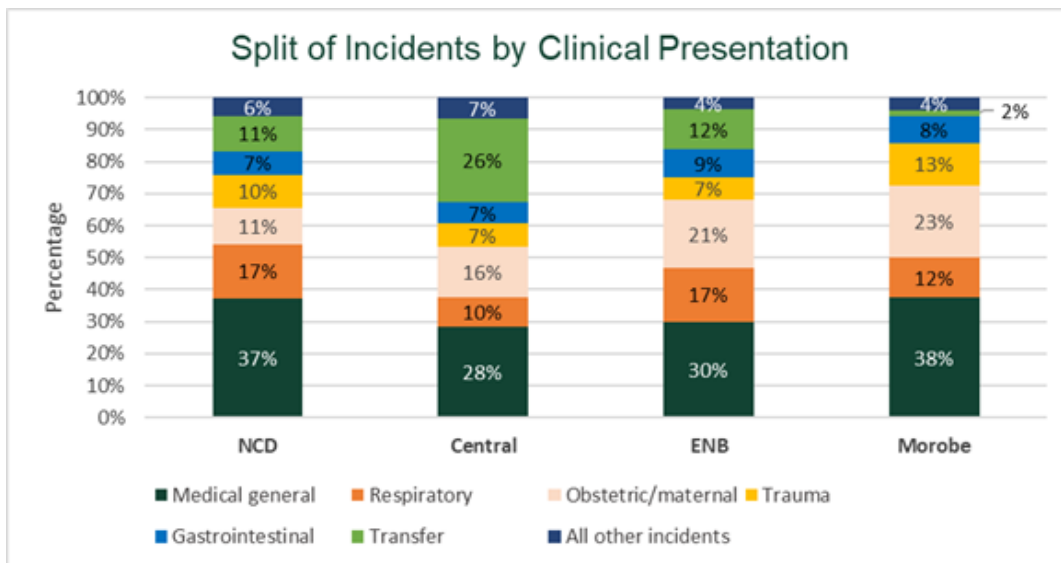
Table 9: Incidents by clinical presentation and province, Q2 2025.

Clinical Presentation	NCD	Central	ENB	Morobe	EHP	Total
Bites/Stings	32	41		11		84
Cardiovascular	148	24	19	74		265
Gastrointestinal	351	84	73	273		781
Medical general	1,763	362	244	1,242		3,611
Mental health	3	1		2		6
Motor vehicle collision	63	11	6	14		94
Obstetric/maternal	533	199	172	749	1	1,654
Trauma	796	122	139	401		1,458
Respiratory	3	2	3	7		15
Shooting	20	5	2	18		45
Toxicology	518	335	101	68	3	1,025
Transfer	483	96	58	432	2	1,071
<b>Total</b>	<b>4,713</b>	<b>1,282</b>	<b>817</b>	<b>3,291</b>	<b>6</b>	<b>10,109</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, Q2 2025.

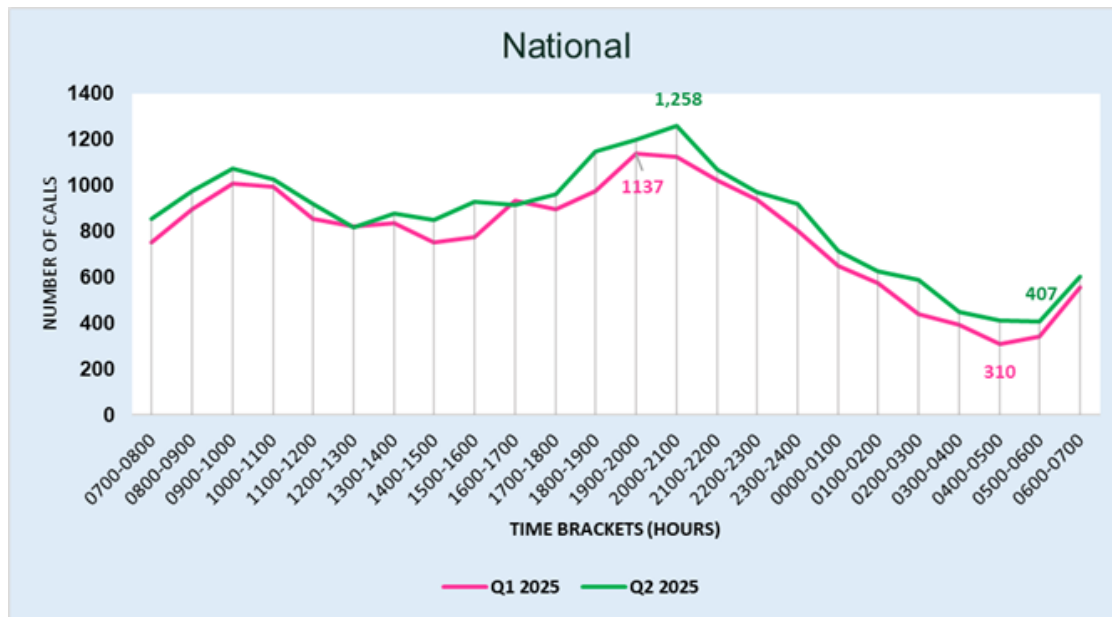




## Peak Call Periods

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 **20:00 – 21:00** with a total of 1,258 calls, while the least number of calls received was between **05:00 – 06:00 AM** with a total of 407 calls.

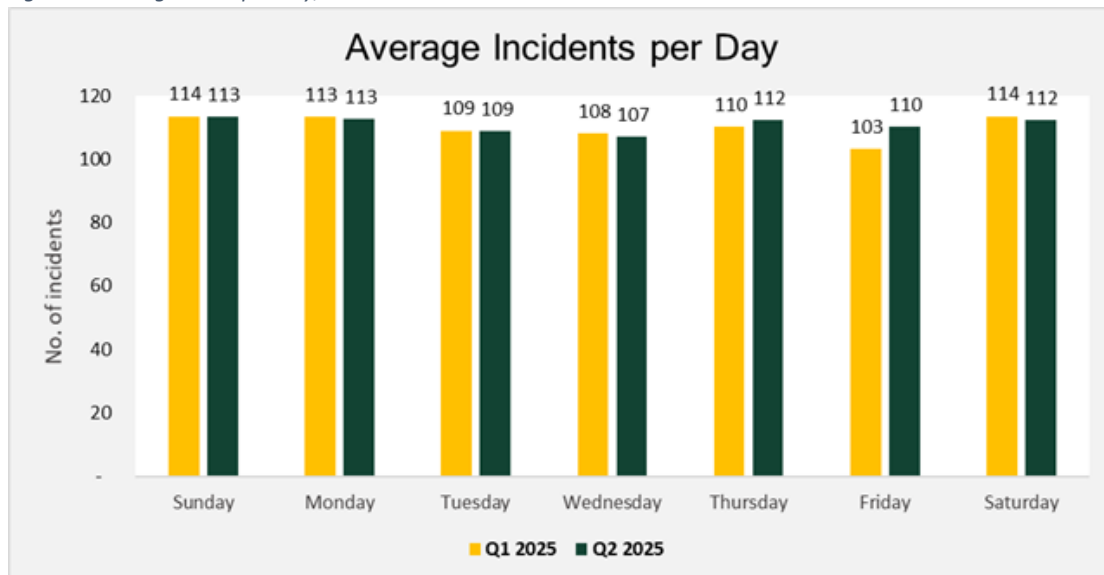
Figure 4: Number of calls per hour, Q2 2025 vs Q1 2025.



## Average Cases per Day

The average number of incidents per day remained generally consistent between Q1 and Q2 of 2025. Minor variations were observed across the week, with no significant shifts in daily trends.

Figure 5: Average cases per day, Q2 2025 vs Q1 2025





# Patients by Age and Gender

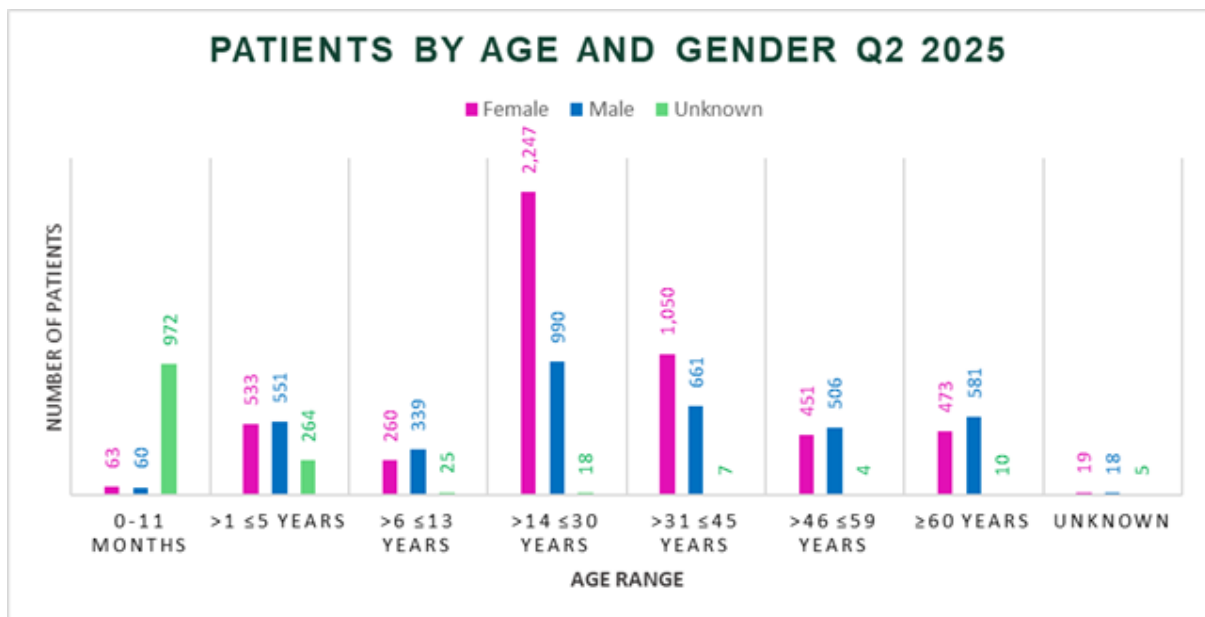
The chart shows the distribution of patients by age and gender in Q2 2025. The largest patient group falls within the 14–30 years’ age range, with females (2,247) significantly outnumbering males (990) and a smaller portion recorded as unknown (18). In contrast, the 0–11 months’ category is dominated by patients with unknown gender (972), indicating substantial gaps in gender data collection for infants.

Among children aged 1–5 years, males (533) slightly outnumber females (264), with 51 cases unclassified. A similar trend is observed in the 6–13 years’ group, where males (339) exceed females (320), and 25 remain unknown.

In the 31–45 years’ category, females (1,050) slightly outnumber males (661), while in the 46–59 years (males: 506, females: 451) and 60+ years (males: 581, females: 473) groups, male patients are more prevalent.

Overall, the data highlights that young adult females form the largest patient segment, whereas older age groups are predominantly male. The high proportion of “unknown” gender cases, especially among infants, reflects a notable gap in gender data recording.

Figure 6: Patients by age and gender, Q2 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, Q2 2025.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	2 min. 19 sec.	2 min. 53 sec.	23 min. 18 sec.	45 min 9 sec.
Central	3 min. 16 sec.	4 min. 7 sec.	47 min. 23 sec.	66 min. 20 sec.
Morobe	3 min. 10 sec.	4 min. 14 sec.	36 min. 3 sec.	62 min. 10 sec.
East New Britain	2 min. 32 sec.	7 min. 11 sec.	39 min. 15 sec.	97 min. 53 sec.
National Median	2 min. 38 sec.	3 min. 24 sec.	29 min. 49 sec.	52 min. 50 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

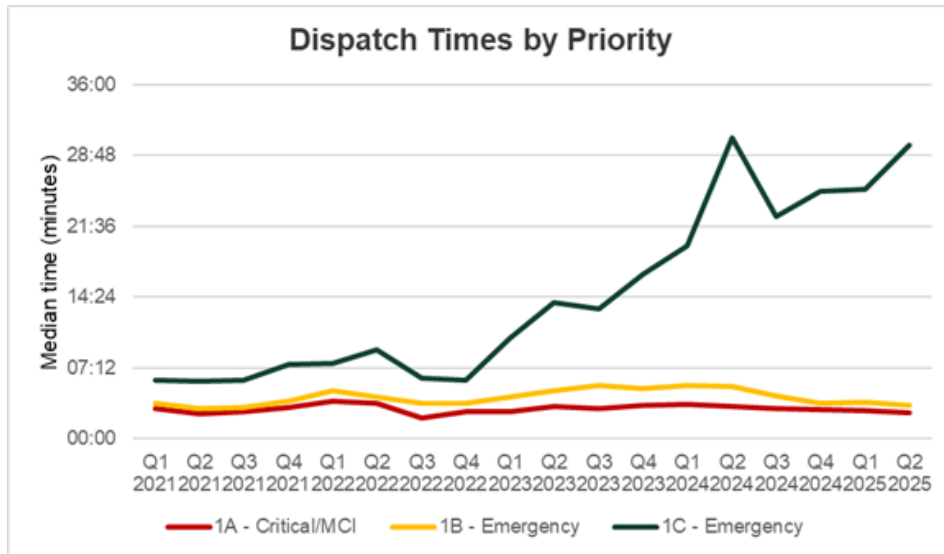


Figure 7 shows how dispatch times for different priority cases have changed over the last four years. Dispatch times for the highest priority emergencies (1A and 1B) have remained almost unchanged. This stability is attributable to having fewer 1A and 1B incidents and dispatchers being able to prioritise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

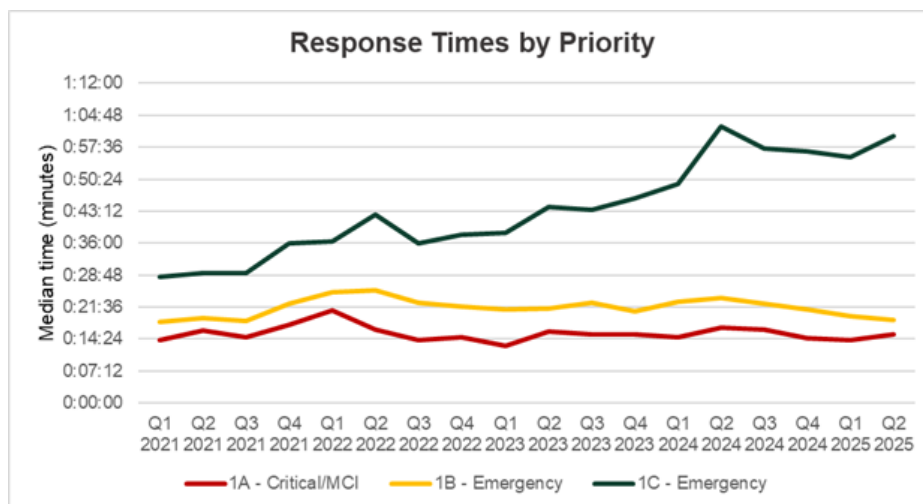
- Priority 1A: 15 minutes in urban areas, 45 minutes in rural areas
- Priority 1B: 20 minutes in urban areas, 60 minutes in rural areas

Table 12: Median response times, by priority, Q2 2025

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	Critical	Urgent	Urgent	Non-urgent
<b>NCD</b>	12 min. 45 sec.	15 min. 53 sec.	50 min. 6 sec.	64 min. 53 sec.
<b>Central</b>	33 min. 28 sec.	47 min. 4 sec.	113 min. 38 sec.	149 min. 53 sec.
<b>Morobe</b>	16 min. 48 sec.	17 min. 35 sec.	58 min. 19 sec.	85 min. 38 sec.
<b>East New Britain</b>	28 min. 38 sec.	39 min. 42 sec.	83 min. 3 sec.	134 min. 31 sec.
<b>National Median</b>	15 min. 27 sec.	18 min. 36 sec.	60 min. 9 sec.	89 min. 50 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

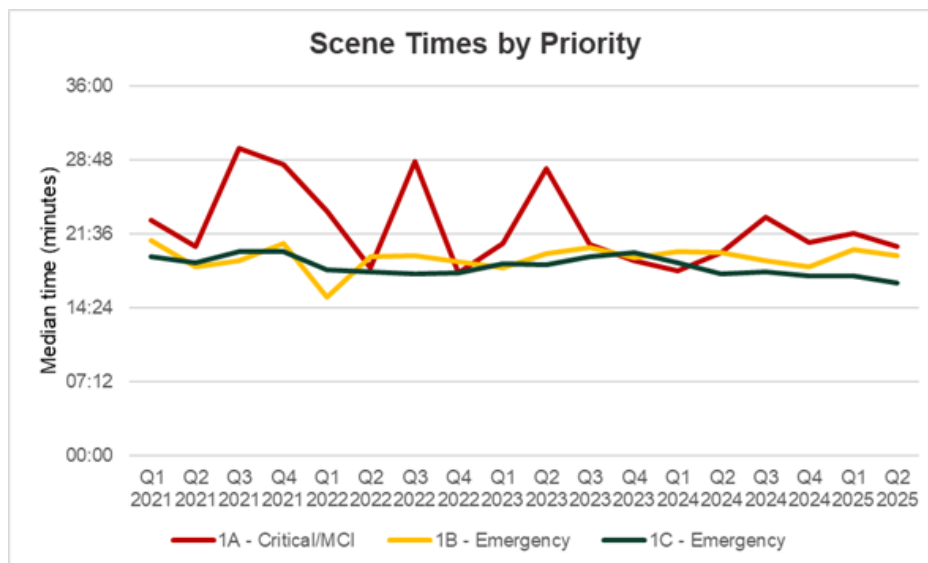
**Scene time** is the time between when the first ambulance arrives at the incident to when it departs the scene. The table below shows this quarter’s scene time in minutes and seconds. In most provinces, scene times were below target (30 minutes), indicating that crews treat and transport patients to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

Table 13: Median scene times, by priority, Q2 2025

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency	Critical	Urgent	Urgent	Non-urgent
NCD	28 min. 10 sec.	19 min. 27 sec.	17 min. 13 sec.	14 min. 43 sec.
Central	17 min. 45 sec.	18 min. 20 sec.	18 min. 20 sec.	22 min. 49 sec.
Morobe	15 min. 25 sec.	17 min. 14 sec.	16 min. 2 sec.	17 min. 5 sec.
East New Britain	42 min. 26 sec.	22 min. 57 sec.	17 min. 59 sec.	20 min. 34 sec.
National Median	20 min. 22 sec.	19 min. 28 sec.	16 min. 50 sec.	17 min. 12 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

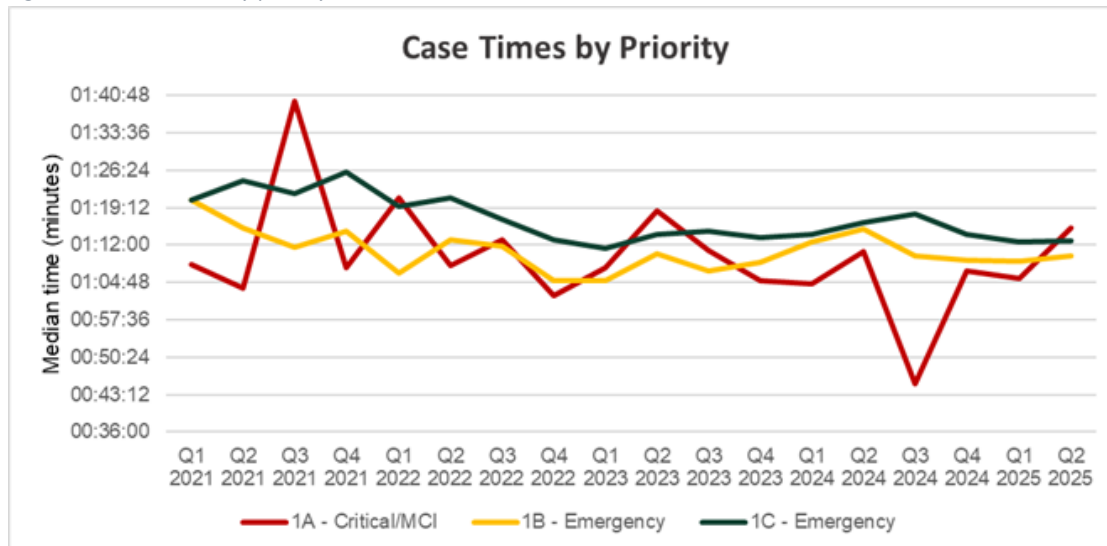
**Overall case time** is the time between when the emergency call is received by NSTJA to when the ambulance arrives back at the station, (or is tasked to another emergency). The table below shows this median case time in minutes and seconds.

Table 14: Median case times, by priority, Q2 2025.

Category	Priority 1A	Priority 1B	Priority 1C	All other priorities P2, P3, P4, P5
Urgency:	Critical	Urgent	Urgent	Non-urgent
NCD	1 hr. 15 min.	1 hr. 8 min.	1 hr. 10 min.	2 hr. 3 min.
Central	2 hr. 41 min.	2 hr. 21 min.	2 hr. 19 min.	5 hr. 29 min.
Morobe	1 hr. 1 min.	54 min.	1 hr. 2 min.	2 hr. 11 min.
East New Britain	1 hr. 5 min.	1 hr. 48 min.	1 hr. 36 min.	3 hr. 49 min.
National Median	1 hr. 15 min.	1 hr. 9 min.	1 hr. 12 min.	2 hr. 37 min.

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)

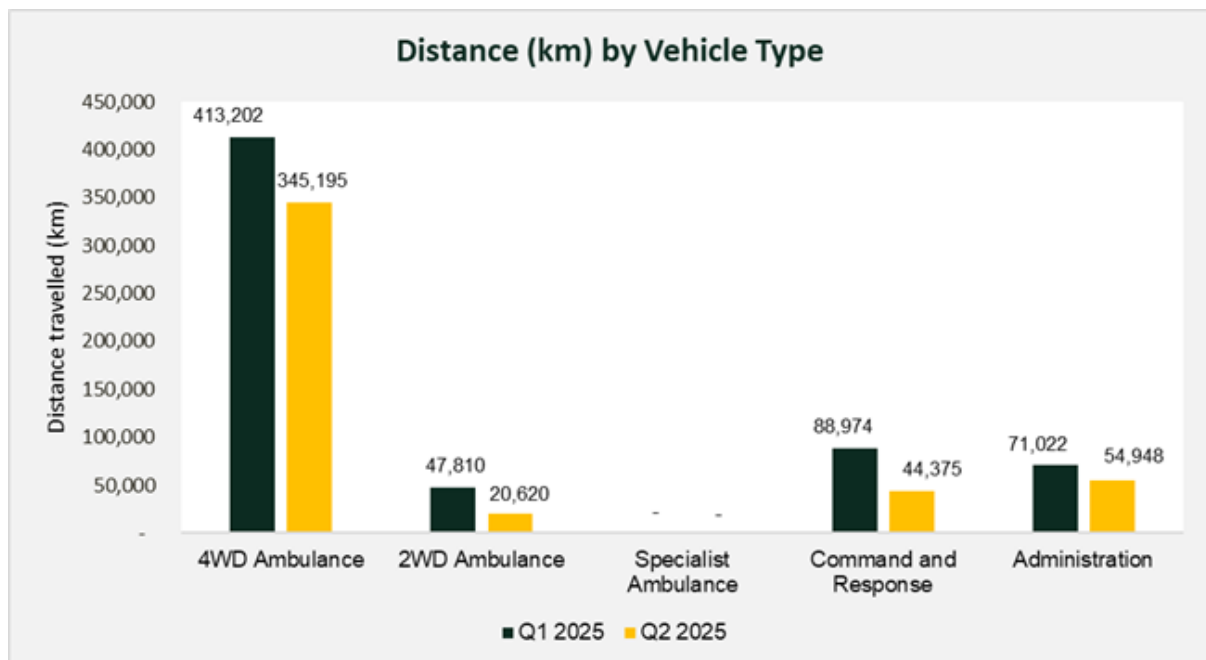
## Distance Travelled

Nationally, a total of 621,008 kilometres was travelled last quarter. This quarter, the distance decreased to 465,139 kilometres (155,869 kilometres less than the previous quarter). The following graph and table illustrate this decrease. This reduction is largely attributed to the transition between fleet management systems, which temporarily impacted reporting and operational tracking.

Table 15: Distance travelled by vehicle type (km), Q2 2025 vs Q1 2025

Vehicle Class	Q1 2025	Q2 2025	Change
4WD Ambulance	413,202	345,195	-68,007
2WD Ambulance	47,810	20,620	-27,190
Specialist Ambulance	-	-	-
Command and Response	88,974	44,375	-44,599
Administration	71,022	54,948	-16,074
<b>Total km travelled</b>	<b>621,008</b>	<b>465,139</b>	<b>-155,869</b>

Figure 11: Distance travelled by vehicle type (km), Q2 2025 vs Q1 2025





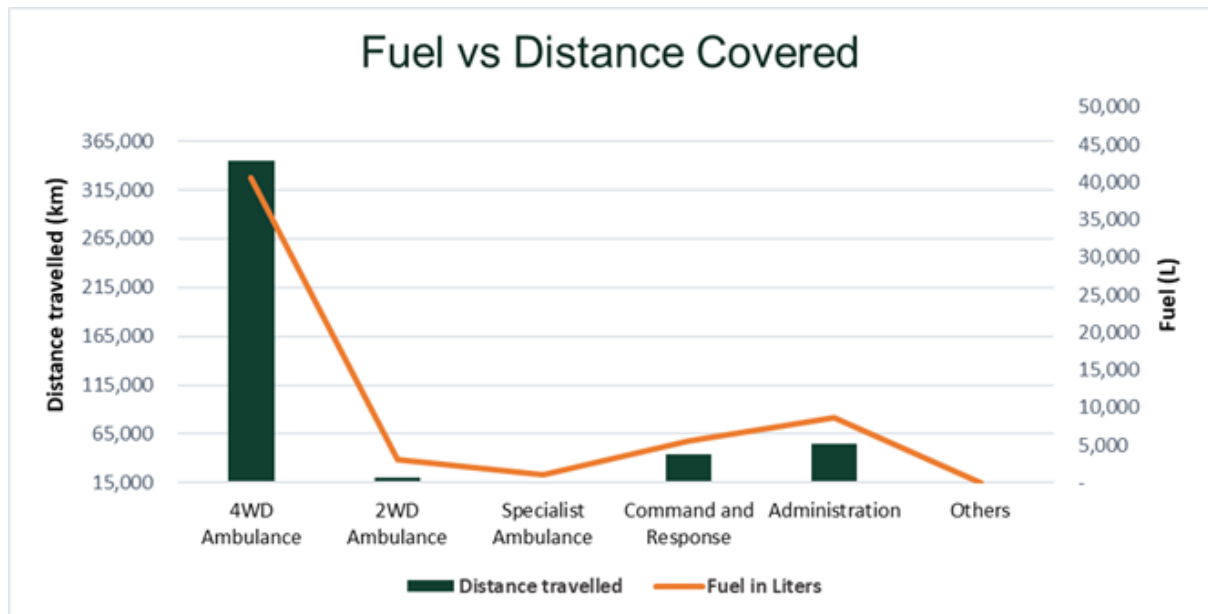
## Fuel Consumption

The table and chart below show fuel consumption in litres for Q2 2025 compared with Q1 2025, as well as fuel usage versus distance travelled for this quarter. The Specialist Ambulance vehicle shows fuel used but no mileage recorded due to the switch to the new fleet management system which temporarily affected reporting and tracking.

Table 16: Amount of fuel in litres consumed by quarter, Q2 2025 vs Q1 2025

Vehicle Class	Q1 2025	Q2 2025	Change
4WD Ambulance	39,679	40,556	877
2WD Ambulance	5,837	3,144	-2,693
Specialist Ambulance	729	1,021	292
Command and Response	5,407	5,580	172
Administration	9,040	8,642	-9,467
Others	609	21	-588
<b>Total fuel used (L)</b>	<b>61,301</b>	<b>58,963</b>	<b>-2,338</b>

Figure 12: Fuel vs distance travelled, by quarter, Q2 2025





OFFICIAL



# Reporting by Province



# National Capital District



## Incidents by Electorate

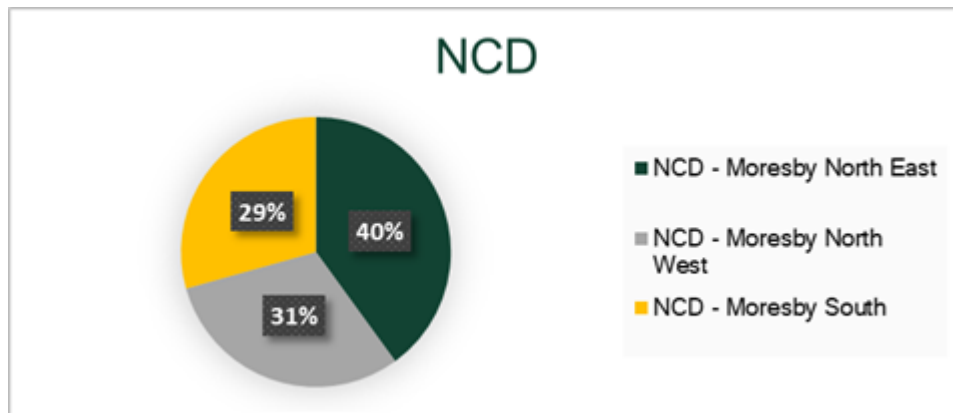
NCD incidents remained stable overall, with a marginal decrease of five cases compared to the previous quarter. The most notable change was in Moresby South, which recorded a 7% increase (91 cases). Moresby North East saw a 5% decline, while Moresby North West experienced a slight 1% rise (13 cases).

Table 17: Incidents by electorate, NCD, Q2 2025.

Electorate	Q1 2025	Q2 2025	% of total	Change	
				Number	%
NCD - Moresby North East	1,994	1,885	40%	-109	-5%
NCD - Moresby North West	1,431	1,444	31%	13	1%
NCD - Moresby South	1,293	1,384	29%	91	7%
<b>Total incidents</b>	<b>4,718</b>	<b>4,713</b>	<b>100%</b>	<b>-5</b>	<b>0%</b>

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

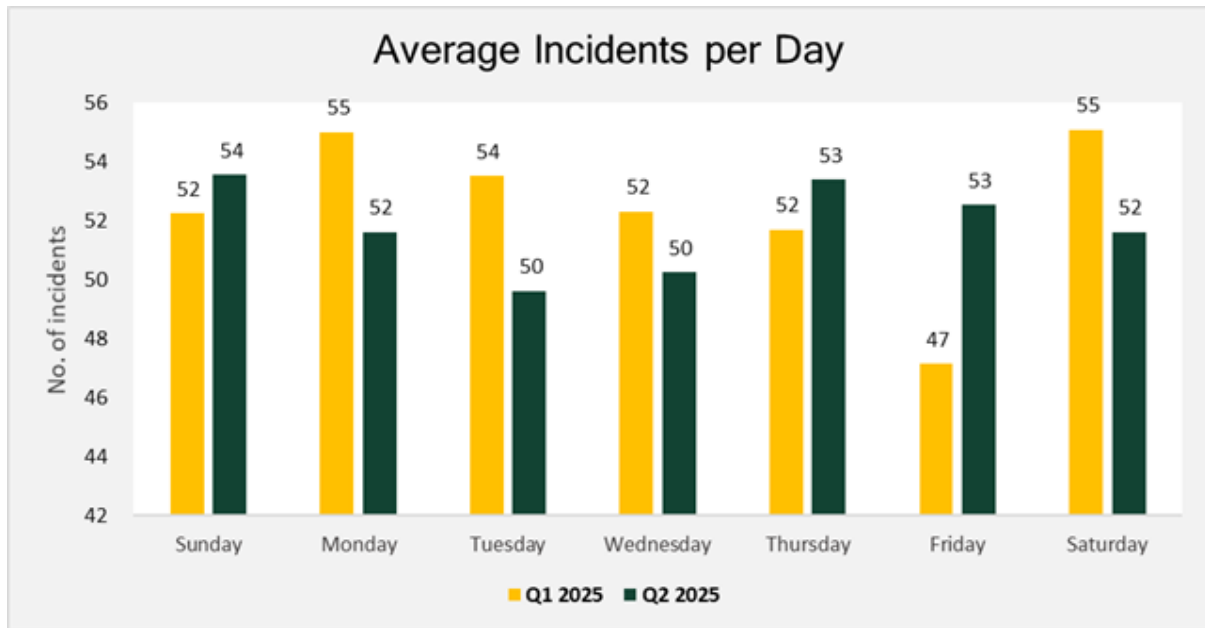
Figure 13: Share of incidents by electorate, NCD, Q2 2025



### Average Cases per Day

The graph shows that on average there were less incidents each day in Q2 2025 compared to Q1 2025. Sunday had the highest average followed by Friday, while Tuesday and Wednesday had the lowest. Overall, incidents decreased across all days compared to last quarter.

Figure 14: Average incidents per day for NCD, Q2 2025



### Distance Travelled by Vehicle Type

There was a 7% decrease in km travelled in NCD in Q2 2025 compared with Q1 2025, as shown below.

Table 18: Distance travelled by vehicle type (km), NCD, Q2 2025 vs Q1 2025

Vehicle Class	Q1 2025	Q2 2025	Change
4WD ambulance	181,647	229,592	47,945
2WD ambulance	44,125	16,846	-27,279
Specialist Ambulance	-	-	-
Command And Response	65,237	36,288	-28,949
Administration	71,022	54,948	-16,074
<b>Total distance travelled (km)</b>	<b>362,031</b>	<b>337,674</b>	<b>-24,357</b>



# Official Opening of Refurbished Lae Ambulance Station Strengthens Emergency Response in Morobe

**Lae, Morobe Province, Friday 30 May 2025** – The National St John Ambulance Council is proud to announce the official opening of the newly refurbished Lae Ambulance Station today, a major infrastructure upgrade made possible through the PNG-Australia Policing Partnership (PNG-APP).

Construction began on 1 November 2024 and was completed with a formal handover on 7 March 2025. It aimed to address long-standing infrastructure challenges by replacing ageing facilities and introducing modular buildings designed to support emergency ambulance operations in Morobe Province. The updated station combines new infrastructure with renovated existing structures, equipped with modern utilities and improved security features.

The ambulance service is proud to be co-located with the National Fire Service at three stations across the country, reflecting our strong collaborative relationship and shared commitment to community safety. NSTJA management extended their appreciation to the Papua New Guinea Fire Service for their valued partnership.

The Lae Ambulance Station was established in 2022 following a request from the Morobe Provincial Health Authority and with support from the Lae City Authority. It provides services to Lae and the surrounding districts, including Nawaeb, Huon Gulf, and Markham. Since opening, the station has assisted over 20,000 people. In its first year, it responded to 2,823 emergencies. This increased to 6,624 in 2023, and to 10,681 in 2024. The upward trend in emergency cases reflects the increasing reliance of prehospital care in the province and highlights the importance of maintaining the station’s capacity to meet ongoing needs.

Chief Executive Matthew Cannon says: “The Lae Ambulance Station is the second busiest within the National St John Ambulance Service network, playing a vital role in emergency response for Lae and surrounding districts in Morobe Province.” The newly upgraded facility enhances crew safety, operational readiness, and the quality of care delivered to the community.

“This project represents a major step forward in our efforts to enhance ambulance services across Papua New Guinea. We are immensely grateful to the Australian Government through the PNG-Australia Policing Partnership for their continued partnership and support in strengthening emergency medical systems for the people of Morobe.”

Morobe Provincial Health Authority Chief Executive Officer Dr Kipas Binga expressed his gratitude to NSTJA for being a valued partner in delivering health services in Lae and the surrounding districts of Morobe Province. He stated that he looks forward to continued collaboration to strengthen health systems. He also acknowledged the tripartite Memorandum of Agreement with the Lae City Authority, supported by Lae MP Hon. John Rosso, as well as the ongoing financial commitment to annual operations.

PNG-Australia Policing Partnership Assistant Commissioner Jamie Strauss acknowledged the work NSTJA is doing in Lae adding that he was pleased that through this partnership they are able to support initiatives that that directly benefit communities. The successful completion of this project highlights the value of collaborative partnerships in addressing infrastructure needs and advancing public health and safety outcomes in Papua New Guinea.





# Central Province



## Incidents by Electorate

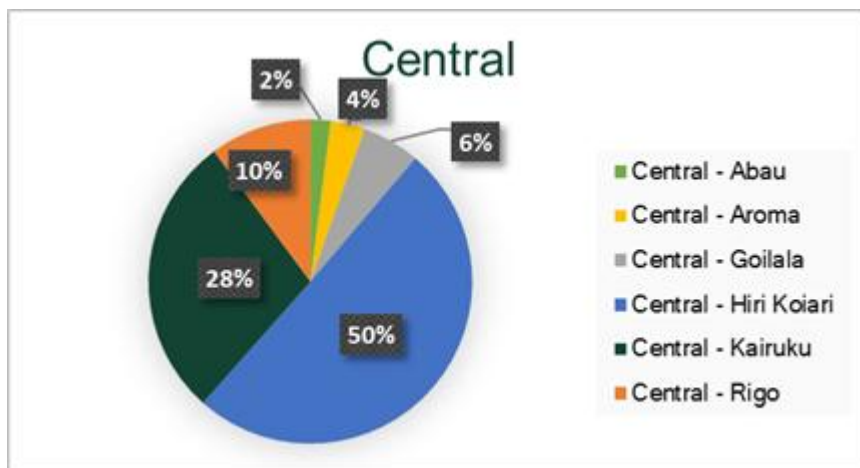
In Central Province, the Hiri-Koiari district, being the largest district in the province, accounted for the majority of incidents, 50% of the total this quarter. This significant percentage highlights the escalating demand for ambulance services in Hiri-Koiari, indicating a need for enhanced resources and support in this district to effectively manage the growing number of emergencies. Overall, there was a 7% increase since last quarter.

Table 19: Incidents by electorate, Central, Q2 2025

Electorate	Q1 2025	Q2 2025	% of total	Change	
				Number	%
Central - Abau	45	26	2%	-19	-42%
Central - Aroma	56	44	3%	-12	-21%
Central - Goilala	84	74	6%	-10	-12%
Central - Hiri Koiari	580	645	50%	65	11%
Central - Kairuku	308	363	28%	55	18%
Central - Rigo	130	130	10%	-	-
<b>Total incidents</b>	<b>1,203</b>	<b>1,282</b>	<b>100%</b>	<b>79</b>	<b>7%</b>

Figure 15 shows the split of incidents by electorate.

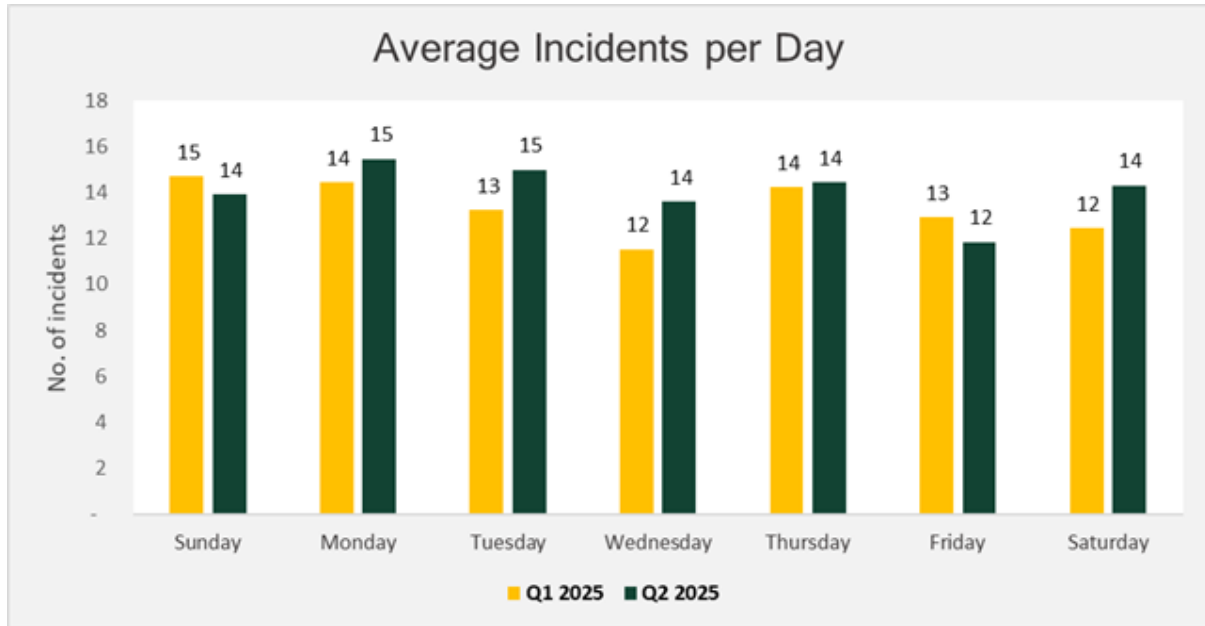
Figure 15: Share of incidents by electorate, Central, Q2 2025



## Average Cases per Day

The graph compares the average number of incidents per day between Q1 2025 and Q2 2025. Overall, incident levels remained relatively stable, with variations of one to two cases on most days. The most notable increases were on Tuesday and Saturday, both rising by two incidents on average. In contrast, Sunday and Wednesday each saw a decrease of one incident. Monday, Thursday, and Friday remained unchanged or showed minimal shifts.

Figure 16: Average cases per day for Central, Q2 2025



## Distance travelled

The distance covered by 4WD ambulance in Q2 2025 compared to Q1 2025 shows a decrease in kilometres by more than 50% despite the steady increase in incidents attended.

Table 20: Distance travelled by vehicle type (km), Central, Q2 2025 vs Q1 2025

Vehicle Class	Q1 2025	Q2 2025	Change
4WD ambulance	90,564	42,786	-47,778
<b>Total distance travelled (km)</b>	<b>90,564</b>	<b>42,786</b>	<b>-47,778</b>





# East New Britain



## Incidents by Electorate

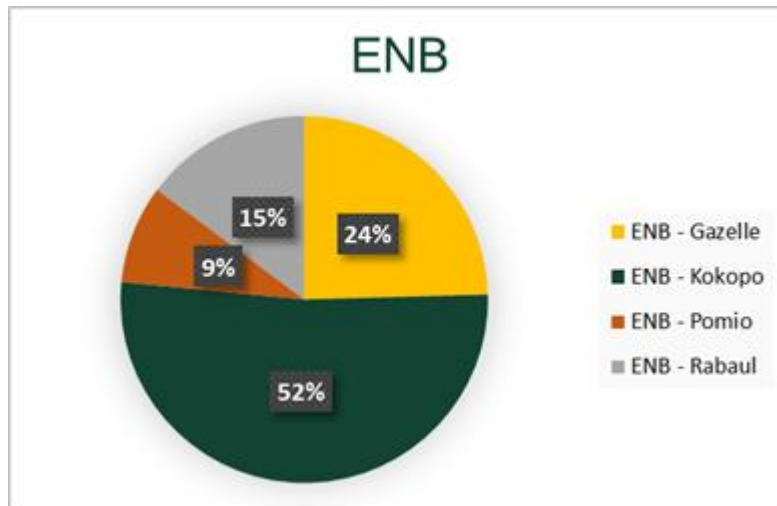
For this quarter, Kokopo and Gazelle in East New Britain together represented 77% of all reported incidents. Overall, the data shows incidents in East New Britain (ENB) increased by 8% since last quarter.

Table 21: Incidents by electorate, ENB, Q2 2025

Electorate	Q1 2025	Q2 2025	% of total	Change	
				Number	%
ENB - Gazelle	225	201	25%	-24	-11%
ENB - Kokopo	354	425	52%	71	20%
ENB - Pomio	49	71	9%	22	45%
ENB - Rabaul	126	121	15%	-5	-4%
<b>Total incidents</b>	<b>754</b>	<b>818</b>	<b>100%</b>	<b>64</b>	<b>8%</b>

Figure 17 shows the split of incidents by electorate.

Figure 17: Share of incidents by electorate, ENB, Q2 2025

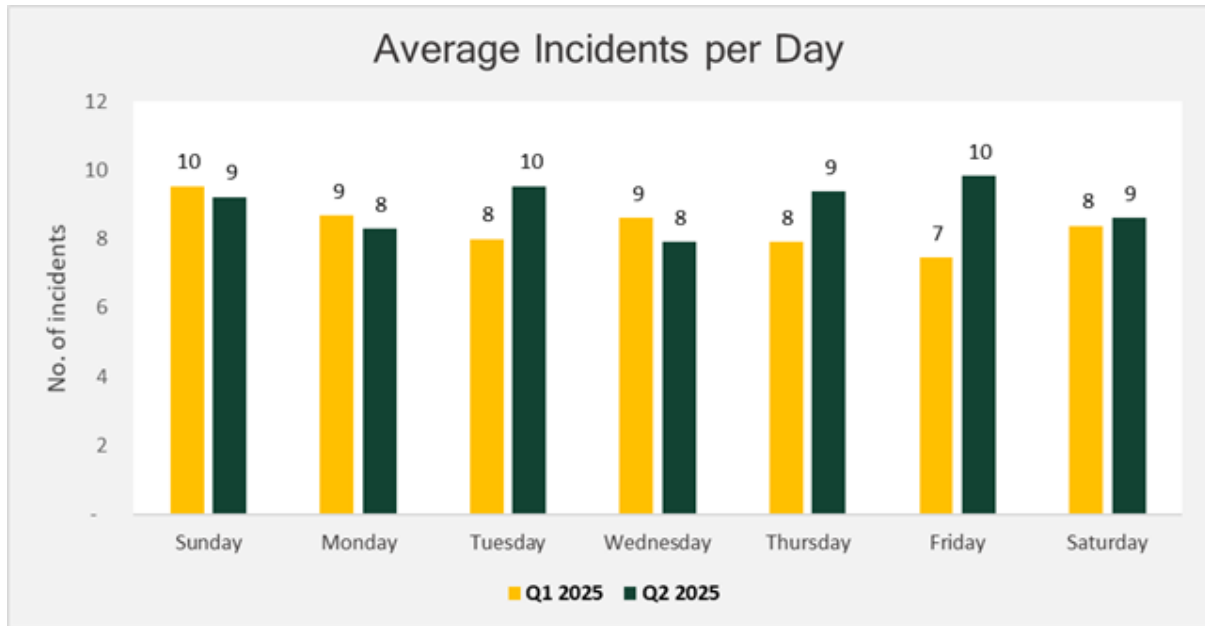




## Average Cases per Day

The graph shows minimal variation in the average number of incidents per day between Q1 2025 and Q2 2025. Tuesday and Friday recorded slight increases, each rising by two and three incidents on average. Sunday, Monday and Wednesday saw a small decline of one incident. Overall, daily incident levels were stable across the two quarters, with no significant shifts observed.

Figure 18: Average incidents per day for ENB, Q2 2025



## Distance Travelled by Vehicle Type

Table 22: Distance travelled by vehicle type (km), ENB, Q2 2025 vs Q1 2025

Vehicle Class	Q1 2025	Q2 2025	Change
4WD ambulance	76,870	44,658	-32,212
2WD ambulance	3,685	3,774	89
Command and Response	849	4,605	3,756
<b>Total distance travelled (km)</b>	<b>81,404</b>	<b>53,037</b>	<b>-28,367</b>



# Lae City & Morobe Province



## Incidents by Electorate

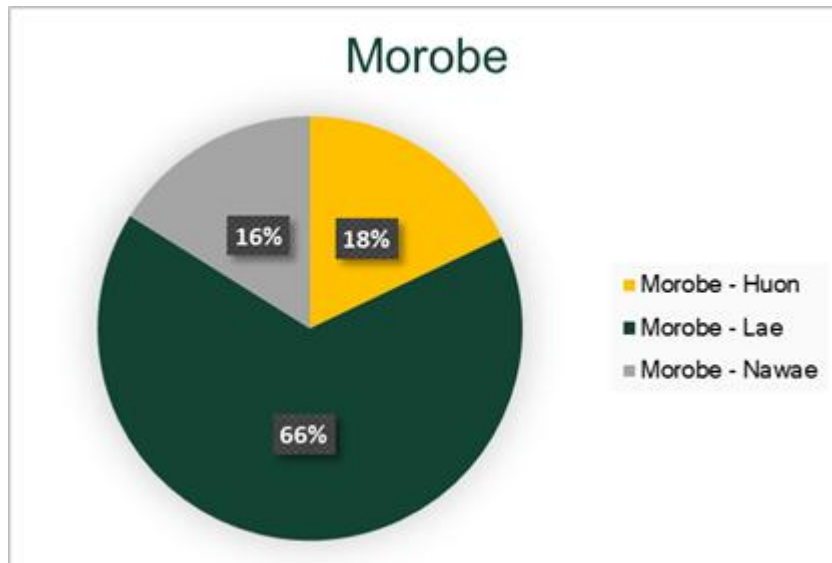
In Morobe, Lae City accounted for the highest proportion of incidents, representing 66% of the total among electorates. Overall, the data indicates a 3% increase in incidents across Morobe electorates from Q1 2025 to Q2 2025, reflecting an increase in reported incidents since last quarter.

Table 23: Incidents by electorate, Morobe, Q2 2025

Electorate	Q1 2025	Q2 2025	% of total	Change	
				Number	%
Morobe - Huon	505	590	18%	85	17%
Morobe - Lae	2,195	2,171	66%	-24	-1%
Morobe - Nawae	503	530	16%	27	5%
<b>Total incidents</b>	<b>3,203</b>	<b>3,291</b>	<b>100%</b>	<b>88</b>	<b>3%</b>

Figure 19 shows the split of incidents by electorate.

Figure 19: Share of incidents by electorate, Morobe, Q2 2025

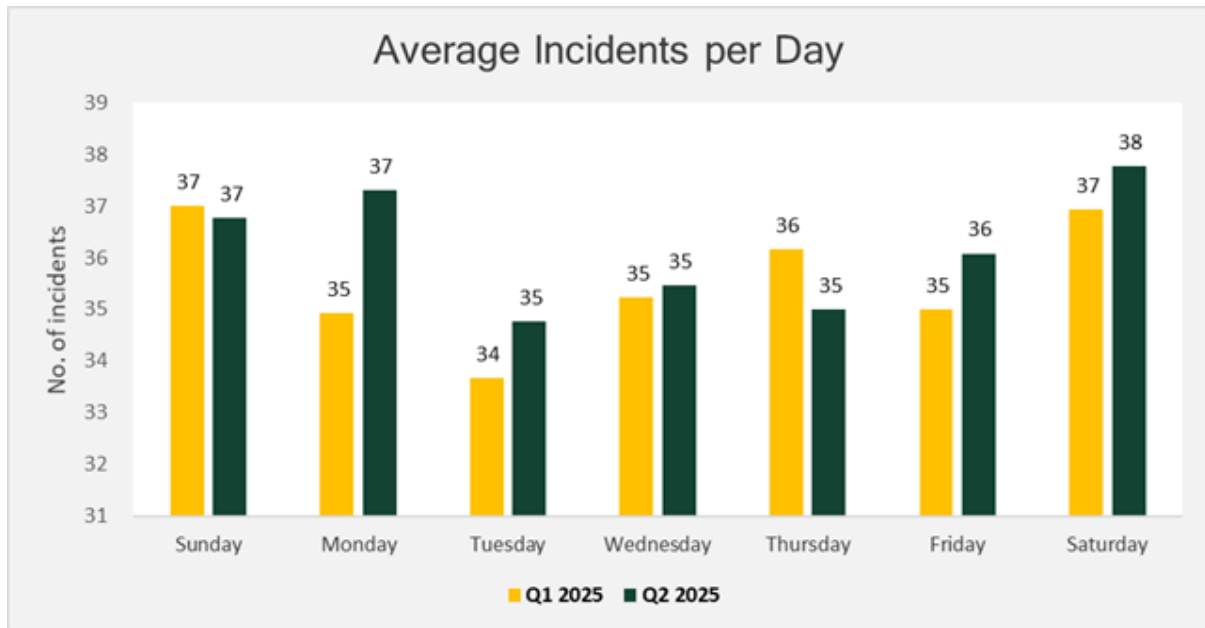




## Average Incidents per Day

For this quarter, the average daily number of incidents was slightly higher than in Q1 2025, with small increases on most days except Thursday, which stayed the same. Monday and Saturday recorded the highest counts, while other days showed more gradual changes.

Figure 20: Average calls per hour, Morobe, Q2 2025



## Distance Travelled by Vehicle Type

The table below shows vehicle usage in Morobe for Q2 2025 compared to Q1 2025 by vehicle class. Overall, total distance travelled dropped from 86,037 km in Q1 to 30,937 km in Q2, a decrease of 55,100 km. The largest reduction was seen in 4WD ambulances, a decrease of 35,694 km, followed by Command and Response vehicles, which fell by 19,405 km. Total distance travelled for this year is 116,974 km.

Table 24: Distance travelled by vehicle type (km), Morobe, Q2 2025 vs Q1 2025

Vehicle Class	Q1 2025	Q2 2025	Change
4WD ambulance	63,149	27,454	-35,694
Command And Response	22,888	3,483	-19,405
<b>Total distance travelled (km)</b>	<b>86,037</b>	<b>30,937</b>	<b>-55,100</b>



# Service Fees

**Thanks to partial government funding, the National St John Ambulance responded to 9,595 emergency incidents without any cost to the patient or their family.**

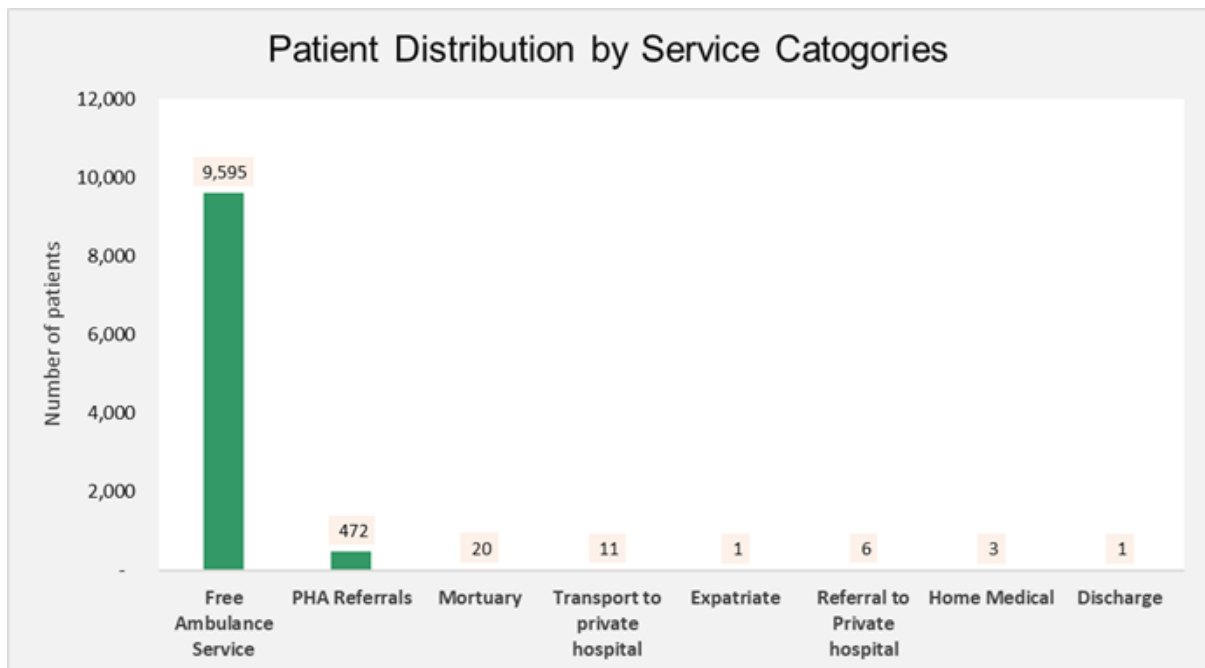
Emergency ambulance services are provided at **no cost** to Papua New Guineans and permanent residents when patients require transport to a public hospital.

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, Q2 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.

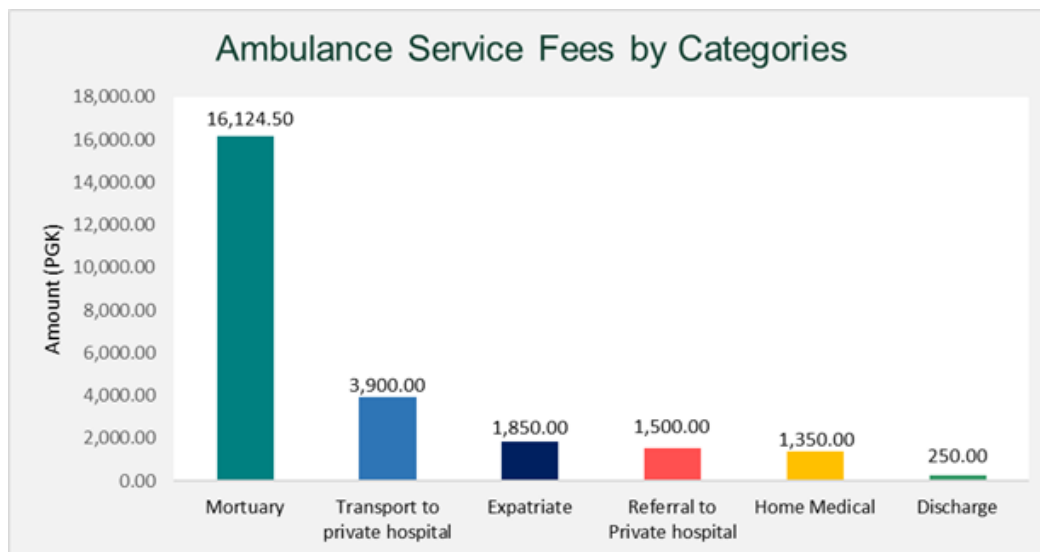
Such requests may include transport to private hospitals, patient discharges from public hospitals to home, transfers to airports for overseas medical care, or mortuary transfers requested by families. NStJA charges fees for these services on a cost-recovery basis to ensure financial sustainability and 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 24,974.50 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, Q2 2025



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

Table 25: Ambulance fees, PGK, Q2 2025 vs Q1 2025

Form of Payment	Q1 2025	Q2 2025
Cash	-	-
EFTPOS	25,124.50	24,974.50
Cheque/Internet transfer	-	-
<b>Total (PGK)</b>	<b>25,124.50</b>	<b>24,974.50</b>



# National Aeromedical Retrieval Service

The National St John Ambulance (NStJA) operates a vital aeromedical service, bridging the gap between remote communities and advanced healthcare facilities across Papua New Guinea. With a dedicated team of flight-trained doctors, nurses, and paramedics, NStJA works aboard chartered helicopters and fixed-wing aircraft to reach patients in some of the country's most inaccessible regions and deliver them safely to PNG's leading hospitals.

By ensuring that lifesaving care extends beyond urban centres and into the most isolated villages, the service caters to both planned patient transfers and swift responses to emergent situations, such as severe injuries, critical illnesses, or obstetric emergencies, as well as scheduled patient transfers for those requiring specialist treatment unavailable locally, 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

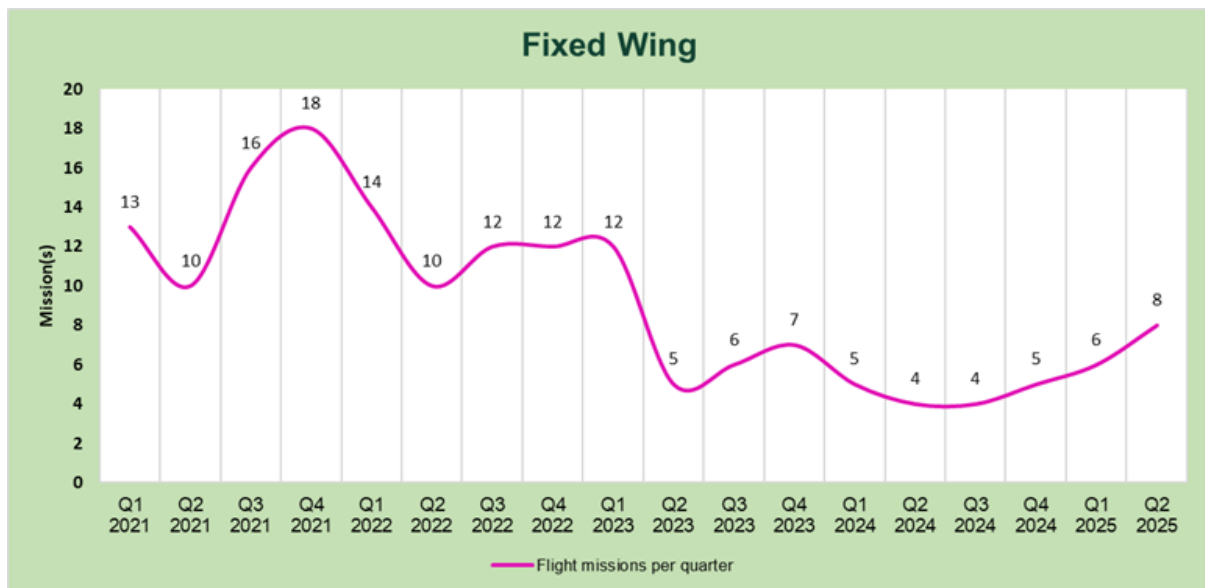
NStJA coordinated six (13) fixed-wing missions this year.

Table 26: Fixed-wing missions, Q2 2025 vs Q1 2025

Fixed-wing	Q1 2025	Q2 2025	YTD Total
Southern	0	3	3
Momase	1	0	1
NGI	2	0	2
Highlands	2	3	5
Australia	0	2	2
International (other)	0	0	0
<b>Total missions</b>	<b>5</b>	<b>8</b>	<b>13</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, Q2 2025 vs Q1 2025

Fixed wing	Q1 2025	Q2 2025	YTD Total
Southern	2.0	3.5	5.5
Momase	0	0	0
NGI	4.2	0	4.2
Highlands	5.6	9	14.6
Australia	6.6	13.2	19.8
International (other)	0	0	0
<b>Total hours</b>	<b>18.4</b>	<b>25.7</b>	<b>44.1</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





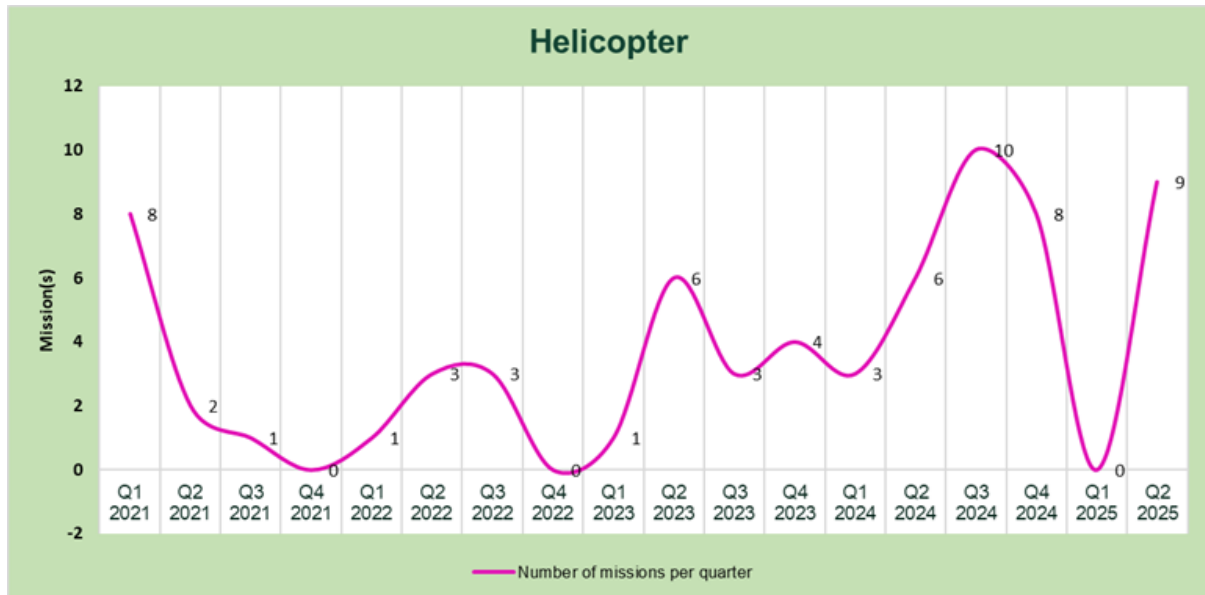
## Helicopter missions and flight hours

Table 28: Helicopter missions, Q2 2025 vs Q1 2025

Helicopter	Q1 2025	Q2 2025	YTD Total
Southern	8	9	17
Momase	0	0	
NGI	0	0	
Highlands	0	0	
International	0	0	
<b>Total hours</b>	<b>8</b>	<b>9</b>	<b>17</b>

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

Figure 25: Helicopter missions by quarter, Q1 2021 onwards





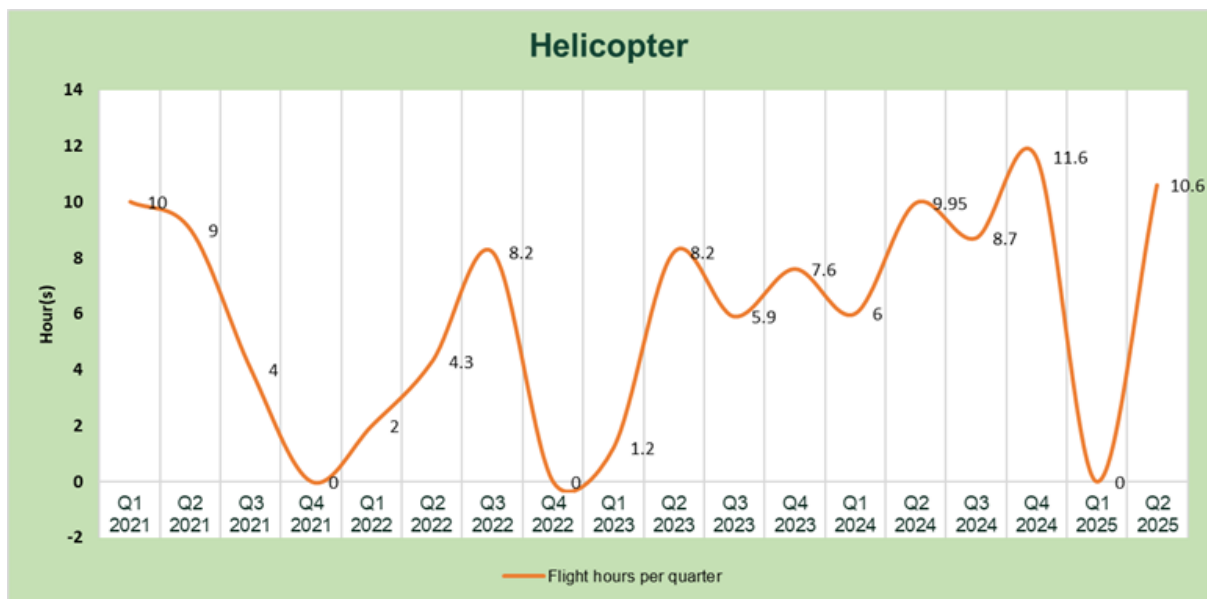
The total hours flown by helicopter to provide care last quarter compared to this quarter are shown below.

Table 29: Helicopter flight hours, Q2 2025 vs Q1 2025

Helicopter	Q1 2025	Q2 2025	YTD Total
Southern	11.6	10.6	22.2
Momase	0	0	-
NGI	0	0	-
Highlands	0	0	-
International	0	0	-
<b>Total hours</b>	<b>11.6</b>	<b>10.6</b>	<b>22.2</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

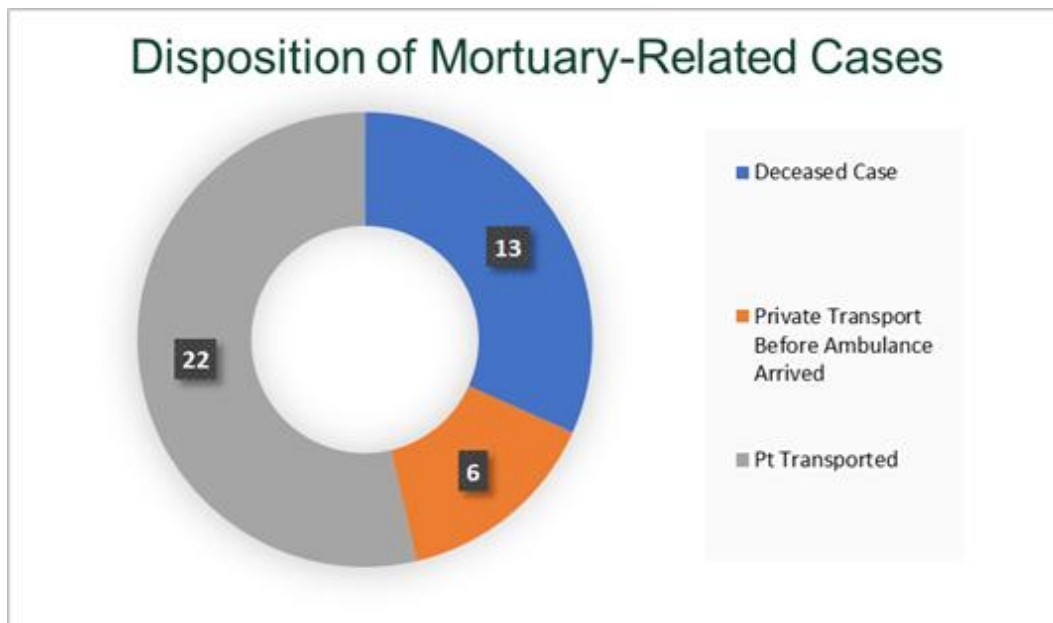
This section outlines the breakdown of mortuary-related cases attended by NStJA during the reporting period, focusing on case dispositions and identifying paid service usage.

A total of 41 mortuary-related cases were recorded. These were categorized into four main dispositions. Of the 41 mortuary-related cases recorded, 20 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 22 patients were identified as transported, only 20 were confirmed as paid cases, suggesting that not all ambulance movements linked to mortuary tasks result in a chargeable event. Additionally, 6 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.

Figure 27: Distribution of mortuary case dispositions in Q2.





OFFICIAL



# Key Performance Indicators

## Ambulance Operations Centre 111

Area	Target	Indicator Source	Qtr 2 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	6 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 2 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 secs
Patient Satisfaction	≥ 90% of patients report being satisfied or very satisfied with NSTJA's service	CAA Patient Experience Survey	95% patient satisfaction



# Education & Training

Period Ending: 30/06/25

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	Don Bosco Gabutu	1	25	NA
NCD	St Charles Lwanga	2	230	NA
NCD	Limana TVET	10	270	NA
NCD	St Joseph International College	2	73	NA
<b>TOTAL</b>			<b>598</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	TEMIS	30	Incursion Program at TEMIS with Ambulance Ops Crew
NCD	Bavaroko Junior High School	100	In collaboration with Islands Petroleum and Agmark Gurias
NCD	Emmanuel Lutheran Elementary	390	
NCD	Waigani Primary School	2,600	
NCD	Alpha and Omega Christian Academy	180	
NCD	Sunrise Bethel Academy	120	
NCD	Baruni Buk Bilong Pikinini library learning centre	19	First aid awareness
NCD	St John Primary	1000	
NCD	Salvation Army	200	Collaboration with Islands Petroleum and Agmark Gurias
NCD	Zion Zeal	200	



NCD	Tatana Buk bilong Pikinini Library Learning Centre	18	First aid awareness
NCD	Korobosea Adventurers	50	NAOC tour with ambulance and first aid awareness

**Total of 4,907 educated through First Aid and Ambulance awareness in Q2 2025.**



# 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.

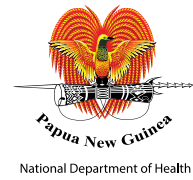
## National Coverage and Capabilities

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)

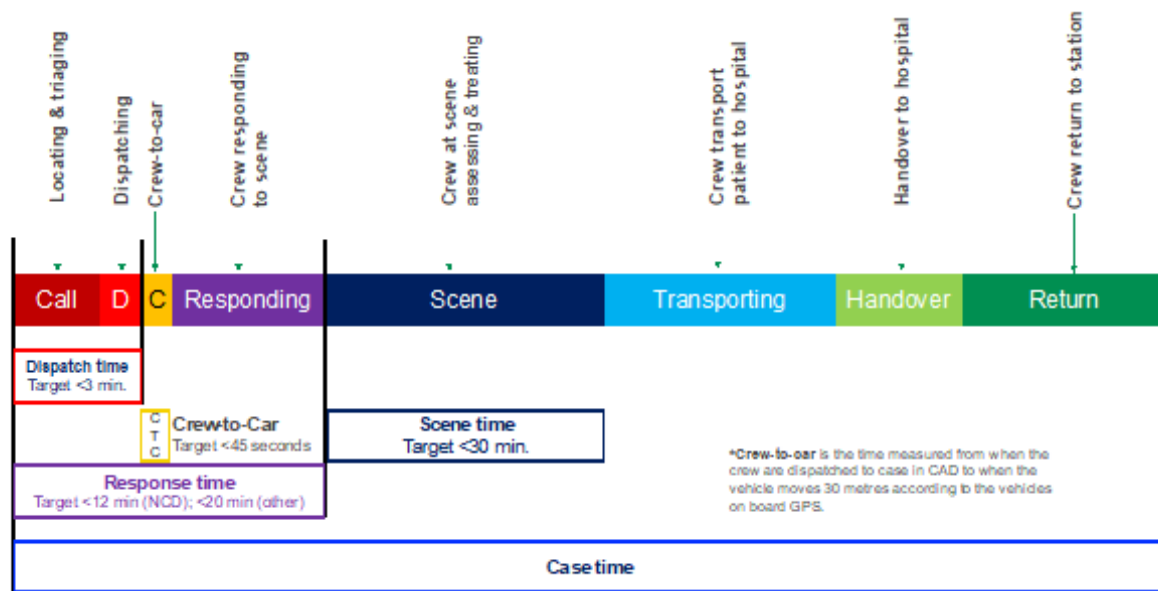


## Terminology

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	-

OFFICIAL



## Papua New Guinea Since 1957

NStJA is a statutory organisation 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)