

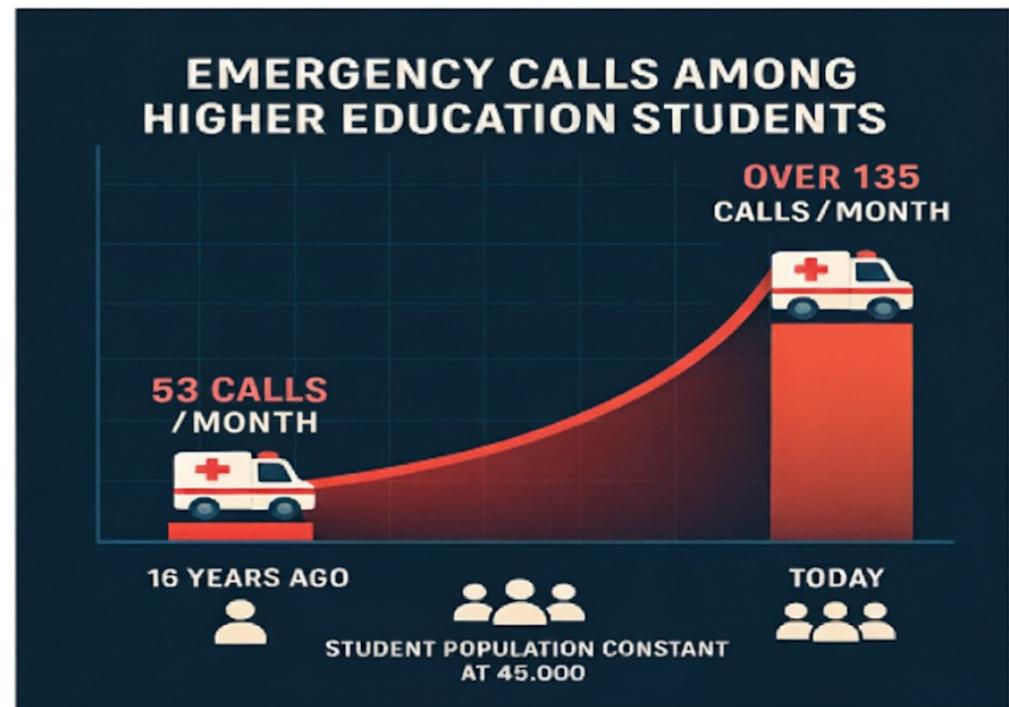
STUDENT WELLNESS SUPPORTED BY MEDICAL ECOSYSTEMS



COLEEN DANIEL
CORPORATE SOLUTIONS – ER24
SAACHS CONFERENCE 2026

HIGHER EDUCATION USE OF AMBULANCES

- **16 Years ago:** Average of 53 calls/month (Average population of 45 000 students)
- **Today:** Average of over 135 calls/month (A significant increase suggesting incorrect utilisation)
- **Core issue:** Students are incorrectly using ambulances for non-emergencies



Current Problem: Year-on-year increase in University EMS costs

Main driver:

Students often use EMS as a form of **Primary Health Care**.

Result:

Escalating EMS budgets for Higher Education Institutions (HEIs)



CONTRIBUTING FACTORS:

1. MENTAL HEALTH CRISIS

High Mental Health Crisis Prevalence:

- 44% Depression
- 37% Anxiety or Panic attacks
- 47% Suicide ideation

Triggers:

• Financial Constraints:

According to Research Gate publications in 2024

“Many university students in South Africa live on the breadline, facing severe multidimensional poverty that extends beyond tuition fees to encompass basic needs like food, accommodation, and personal care items. This financial strain profoundly affects their academic performance, psychological well-being, and chances of success”

- Social Media – need for unrealistic perfectionism,
- Family/Societal pressure to excel

Result:

Increased anxiety, Mental Health issues, and higher demands on EMS.



UNTREATED MENTAL HEALTH ISSUES: 2. SUBSTANCE ABUSE & ASSOCIATED HARM

Substance Abuse & Associated Harm:

- **Hazardous Drinking:** 70 % males and 50% female students engage in hazardous drinking
- **Drug Use:** 46% Cannabis on a regular basis, 27% Ecstasy, Cocaine and other substances, and there is a rise in prescription medication abuse



EMS Activation for the following:

Intoxication Hazards: slips, falls, overdose, psychosis, fainting, breathing difficulties

Violent Altercations: Stabbing, killing or major injuries

Sexual Assault: Miscarriages and illegal abortions, Gender Based Violence (SA highest globally), LGBTQIA+ attacks

These social issues drive higher demands on Ambulances

CONTRIBUTING FACTORS:

3. OVERWHELMED CAMPUS HEALTH SERVICES

Clinic Limitations:

- **Limited operating hours:** On average, campus clinic staff are only available until 16:30, at times understaffed.
- **Result:** Students turn to EMS after hours to avoid long waiting times



CONTRIBUTING FACTORS:

4. THE EMERGENCY MINDSET & SYSTEM ABUSE

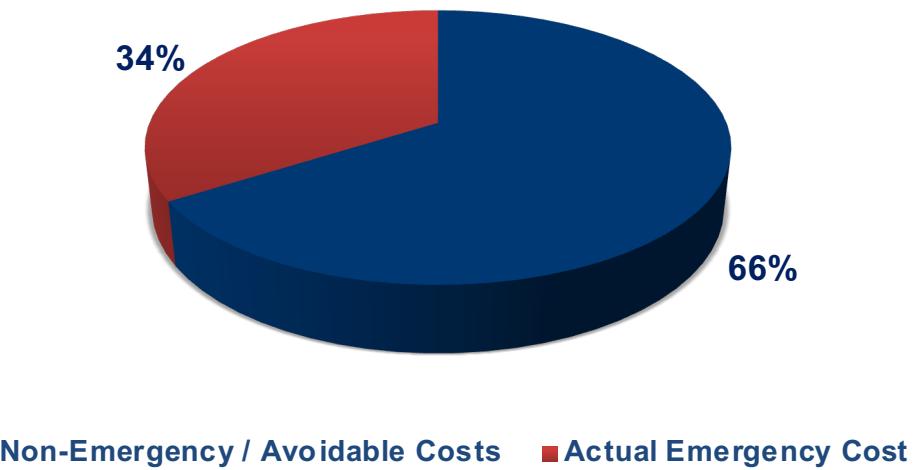
- **Lack of Clarity Misuse of EMS use:** Students or security activate EMS for non-emergency cases such as pink eye, flu symptoms, cramps, etc.
- **Queue jumping:** Using ambulance services for priority treatment at a hospital.
- **Transportation Gaps:** Calling EMS 24/7 due to lack of reliable transport.
- **Societal Cost:** Misuse of EMS diverts EMS from actual life-saving emergencies in the general public.



CASE STUDY

- Student population of **60 000**
- Statistically, average medical emergency calls of **250** per month for a younger, healthier population is unusual.
- **Non-Emergencies:** 66% are non-emergencies - **Primary health care, Stomach cramps, flu, sick notes, or avoiding exams.**
- **Actual Emergencies:** Only 34% are actual emergencies, billable to medical aid.
- **The Cost:** $\pm 165/250$ cases/month are being billed directly to the **University for ambulance transfers** resulting in Millions per annum in avoidable costs.

Emergency Costs vs. Non-Emergency Costs



UNIVERSITY'S DUTY OF CARE: LEGAL & REPUTATIONAL RISK

Higher Education Act: A university that fails to provide sufficient medical services can be exposed to **legal and reputational risks**.

Compromised Duty of Care: Serious illness or death preventable by **timely medical care**, leads to **legal consequences**.

Conclusion: Universities must provide EMS services but also manage their usage responsibly.



SOLUTION: BUILDING 24/7 MEDICAL ECOSYSTEMS

Call received at ER24's Contact Centre via the dedicated number

ER24's Contact Centre agent will triage the call and patch it to the relevant party

Relevant options include the following:

Red Emergency cases and **Orange serious cases**, an ambulance will be dispatched

Yellow Urgent cases will offer nurse assistance if they still want an ambulance we can dispatch

Green cases caller - be transferred to a nurse who can escalate to a Doctor or ambulance

1. Medical Emergencies Red and orange

Pre-arrival instructions line, ambulance dispatch, emergency response, stabilisation, and transportation.

2. Nurse Consultation Yellow and green cases

Nurse will be activated to provide medical information and recommendations (No sick notes or prescriptions).

3. Doctor / HCP Consultation

Doctor / HCP consultations can be conducted virtually or telephonically and can be accessed **Mon – Fri 07:00 – 19:00; Sat 08:00 – 15:00; Sun and holidays 09:00 – 13:00**. Accept medical aid / student vouchers.

4. Trauma and GBV / Sexual Assault Support

Nurse will debrief, transfer the call back to ER24, and trauma counselling sessions will be booked upon quote acceptance.

5. Return Transfers

E-hailing service from medical facility to campus residence.

6. On-site Support

Events Management, First Aid Training, and a Dedicated ambulance.

IMPACT OF MEDICAL ECOSYSTEMS TO UNIVERSITIES



Financial and Operational Impact

Before (Current State)



Escalating, Uncontrollable Costs: Millions of Rands spent annually on avoidable, non-emergency ambulance transfers.



Abuse of Emergency Services: Misuse of ambulances for sick notes, primary care, and hospital queue-jumping



Ineffective Budget Allocation: Money burdens ambulance services rather than building sustainable health infrastructure.

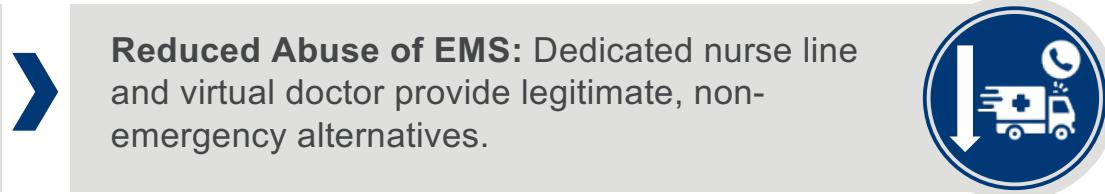


Legal and Reputational Exposure: Risk of legal consequences due to compromised duty of care, leading to poor public image.

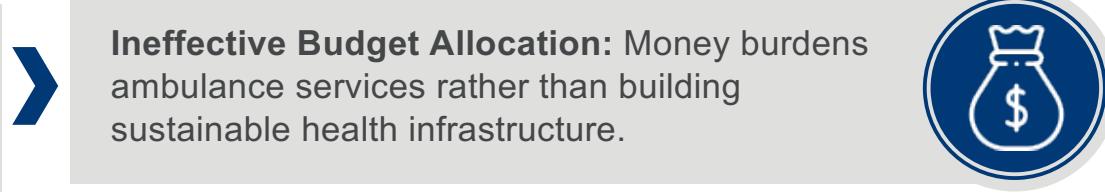
After (With ER24 Ecosystem)



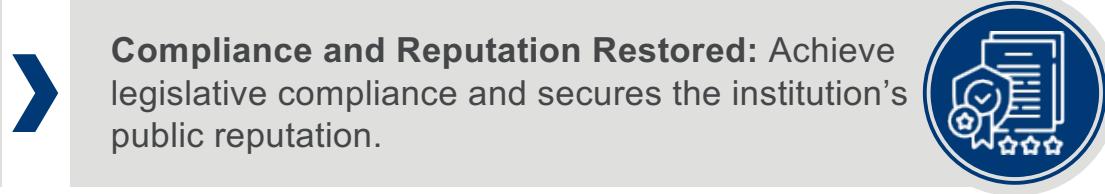
Reduced Ambulance Bills: Triage and 24/7 primary care services divert up to 66% of non-emergency calls, shifting costs to preventative care



Reduced Abuse of EMS: Dedicated nurse line and virtual doctor provide legitimate, non-emergency alternatives.



Ineffective Budget Allocation: Money burdens ambulance services rather than building sustainable health infrastructure.



Compliance and Reputation Restored: Achieve legislative compliance and secures the institution's public reputation.

IMPACT OF MEDICAL ECOSYSTEMS TO UNIVERSITIES



Student Welfare Impact

Before (Current State)



Mental Health Crisis: High rates of depression, anxiety, and suicidal ideation exacerbated by lack of accessible support.



Harmful Coping Mechanisms: High engagement in hazardous drinking, substance abuse, and related violence / assaults.



Systematic Gaps in Care: Students left vulnerable after the campus clinic closes and forced to misuse emergency services.

After (With ER24 Ecosystem)



Reduced Mental Health Illness: 24/7 Trauma Counselling and Virtual Nurse / Doctor access provides immediate, discrete support, thus mitigating crises.



Reduced Substance Abuse and Associated Harm: Proactive intervention reduces drug-induced accidents, violent altercations, and sexual assaults.



Enhanced Duty of Care: 24-hour access ensures that no student is without medical advice or assistance, fulfilling the institution's obligation.



ULTIMATE GOAL FOR HIGHER EDUCATION INSTITUTIONS

ACADEMIC SUCCESS



Healthy Students

Improved Academic Performance

Attractive HEI

- **Result:** Higher student retention and increased graduation rates
- **Benefit:** Improved reputation on the institution, making it more attractive to future students



THANK YOU!

